Applicant Company Name : Aetna Inc.	NAIC No.
	FEIN: 23-2229683

# **BIOGRAPHICAL AFFIDAVIT**

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

(Print or Type)

		151 Far	mington Avenue			
		Hartford	LCT 06156			
		860-273	-0123			
herein		addendum or separa		epresentations and sup hereon is insufficient		
1.	Affiant's Full Name	(Initials Not Accepta	ble): First: <u>Ferna</u>	ndo Middle:	Last:Ag	uirre
2.	a. Are you a	citizen of the United S	tates?			
	Yes X	No				
	b. Are you a	citizen of any other co	untry?			
	Yes X	No				
	If yes, wha	t country? Mexico				
3.	Affiant's occupation	or profession: Execu	tive and Director			
4.	Affiant's business a	ddress: REDACTED				
	Business telephone:	REDACTED	Business E	mail:REDACTED		
5.	Education and traini	2-4-1				
Colles	ge/University	City/State		Dates Attended (M	M/YY)	Degree Obtained
South	ern Illinois University	Edwardsvil	le, IL			B.S.
WF	ate Studies: College/U		City/State	Dates Attended (M	M/YY)	Degree Obtained
None						
Other	Training: Name	City/State	Dates Attende	d (MM/YY)	Degree/C	ertification Obtained
	rd Business School Y		ar 10 Year		upe	Fraduate Status

Appli	cant Company Name: Aetna	Inc.	NAIC No	23-2229683
	line District			23-2229083
6.	List of memberships in pr	rofessional societies and a	ssociations:	
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	WPO	Cindy Petrie	Cincinnati, OH	866-467-5557
	YPO Intercontinental	Kimberly Billy	Canada	905-631-7005
7.	Present or proposed posit	ion with the Applicant Co	mpany: <u>Director</u>	
8.	including present jobs, po officerships). Please list t	ositions, partnerships, own he most recent first. Attac	ner of an entity, administrator,	pensated or otherwise (up to and manager, operator, directorates or provided is insufficient. It is only en (10) years.
Begins Dates	ning/Ending (MM/YY):	Employer's Nam	e:	
Addre	ss:	City:	State/Prov	ince:
Count	ry: Postal	Code: Phone	e:Offices/Position	ns Held:
Туре	of Business:	Sup	ervisor/Contact:	
9.	Yes ?	een in a position which re		
	If any claims we	re made on the bond, give	details:	
	b. Have you ever to revoked?	oeen denied an individua	or position schedule fidelity	bond, or had a bond canceled or
	Yes 1	No X		
	If yes, give detail	ls:		
10.	or governmental licensing in the past. For any non-in the licensing authority or number is your Social Sec are reasonably identifiable	agency or regulatory autorsurance regulatory issuer regulatory body having judiciarity Number (SSN) or ele as your SSN, then write. (For example, "SSN",	hority or licensing authority that, identify and provide the name, trisdiction over the license (s) is mbeds your SSN or any sequence SSN for that portion of the providence o	ell securities) issued by any public at you presently hold or have held address and telephone number of ssued. If your professional license ace of more than five numbers that rofessional license number that is (last 6 digits)). Attach additional
Organi	ization/Issuer of License:		Address:	
City:	State/Pr	rovince:	Country:	Postal Code:
Licens	е Туре:	License #:	Date Issued (MM/Y	Y):
Date F	expired (MM/YY):	Reason for Ter	mination:	

Applic	cant Co	ompany Name : Aetna Inc. NAIC No.
		FEIN: <u>23-2229683</u>
Non-I	nsuran	ce Regulatory Phone Number (if known):
ik.		esponding to the following, if the record has been sealed or expunged, and the affiant has personally verified th 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, any public administrative, or governmental licensing agency?
		Yes No X
	b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	c,	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffi offenses?
		Yes No X
	£	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 cive traffic offenses?
		Yes No X
		Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicia administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another countregulating the business of insurance, securities or banking, or from carrying out any particular practice of practices in the course of the business of insurance, securities or banking?
		Yes No X
		Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or financial dispute?
		Yes X No
		See Exhibit B
		Had a finding made by the Comptroller of any state or the Federal Government that you have violated an provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violate any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
		Yes No X

ADDI	cant Company Name: Actua Inc. NAIC No.
4.4	FEIN: 23-2229683
	j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
	See 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 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. None
(3.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.
	Yes No X
	If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.  Presently own shares of Aetna Inc. less than 1%
	If any of the shares of stock are pledged or hypothecated in any way, give details.
	None
4.	Have you ever been adjudged a bankrupt?
	Yes No X
	If yes, provide details: None
5.	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
	Yes No X
	b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
	Yes No X

pplicant Con	npany Name : Aetna Inc	NAIC No. FEIN: 23-2229683
		11.114. 25-242/1002
Ċ.		obation or had a fine levied against it or against its permit, license, or certificate of the criminal, administrative, regulatory, or disciplinary action?
	Yes X No	
		bove is yes, please indicate and give details. When responding to questions (b) and (c sy events within twelve (12) months after his or her departure from the entity.
and h leadir	ealth regulatory authoring national managed car	ties and other state and federal authorities, including State Attorneys General. As a e organization, Aetna Inc. and its affiliates regularly are the subject of such reviews
		rently are pending, some of which may be resolved during 2015. These reviews may ions of Aetna Inc. and its affiliates' business practices, and have in the past, and in the
		malties or other sanctions,
	and an auminmation i	and the state of t
ated and sigr	and an explanation parties are an explanation parties and an explanation parties are an explanation parties are an explanation parties and an explanation parties are an explanation parties are an explanation parties are an explanation parties are an explanation pa	July 2015 at NY, NY . I hereby certif
nder penalty	ned this <u>So</u> day of	Tuly 2015 at UY, UY . I hereby certifing on my own behalf and that the foregoing statements are true and correct to the be-
nder penalty f my knowled	ned this So day of of perjury that I am act dge and belief.  Fernando Aguirre Signature of Affiant)	Tuly 2015 at MY, MY. I hereby certifying on my own behalf and that the foregoing statements are true and correct to the best statements.  [3] Fernando Aguirre
nder penalty f my knowled	ned this So day of of perjury that I am act dge and belief.  Fernando Aguirre Signature of Affiant)	Tuly 2015 at MY, MY. I hereby certifying on my own behalf and that the foregoing statements are true and correct to the best statements.  [3] Fernando Aguirre
tate of:	ded this So day of of perjury that I am act dige and belief.  Fernando Aguirre Signature of Affiant)	Tuly 2015 at MY MY. I hereby certifing on my own behalf and that the foregoing statements are true and correct to the best 13/ Fernando Aguirre.
tate of: Mo	ded this So day of of perjury that I am act dige and belief.  Fernando Aguirre Signature of Affiant)	ounty of: New York  ledged before me this 30tay of TULY, 2015 by Fernando Aguirre, and:
tate of: Who is per	red this So day of of perjury that I am act dige and belief.  Fernando Aguirre Signature of Affiant)  instrument was acknown sonally known to me, or	Tuly 2015 at WY WY I hereby certifing on my own behalf and that the foregoing statements are true and correct to the best ounty of: Wew York  ledged before me this 30day of Tuly, 2015 by Fernando Aguirre, and:
tate of: Who is per	red this So day of of perjury that I am act dige and belief.  Fernando Aguirre Signature of Affiant)  instrument was acknown sonally known to me, or	ounty of: New York  ledged before me this 30tay of TULY, 2015 by Fernando Aguirre, and:

Printed Notary Name

Narch 31, 3017

My Commission Expires

JULIA IEDA

Matery Public - State of New York
No. 011E6124083
Qualified in Suffelk County
V Commission Expires March 21,

Applicant Company Name : Aetna Inc.	NAIC No.
	FEIN: 23-2229683

# BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

	(Print or Type)
To the	e extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.
	ame, address, and telephone number of the present or proposed entity under which this biographical statement is bei ed (Do Not Use Group Names).
Aetn	a Inc.
151 8	Farmington Avenue
Harti	ford, CT 06156
860-2	273-0123
1.	Affiant's Full Name (Initials Not Acceptable): First: Fernando Middle: Last: Aguirre IF ANSWER IS "NONE," SO STATE.
2.	Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?
	Yes X No
	If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.
	nning/Ending Name(s) Reason (If none, indicate such)  (s) Used (MM/YY) Specify: First, Middle or Last Name
REDA	ACTED
Note:	Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.
3.	Affiant's Social Security Number: REDACTED
4.	Government Identification Number if not a U.S. Citizen: None
5.	
6.	Date of Birth: (MM/DD/YY): REDACTED Place of Birth, City: REDACTED  State/Province: Country: REDACTED
7.	Name of Affiant's Spouse (if applicable): REDACTED
8.	List your residences for the last ten (10) years starting with your current address, giving:
Beginn	ning/Ending State/
-	(MM/YY) Address City Province Country Postal Code

#### REDACTED

Applicant Company Name : Aetna Inc.		NAIC No. FEIN: <u>23-22296</u>	683
	<b>S</b>	5	-
Note: Dates provided in response to this question may be appunderstand that there could be an overlap of dates when			
Dated and signed this 30 day of July, 20 hereby certify under penalty of perjury that I am acting on m correct to the best of my knowledge and belief.  State of: Mew York County of: Mew Y	y own behalf and	1 that the foregoing:  nanda Agu	
The foregoing instrument was acknowledged before me this $\widehat{\mathcal{J}}$		e/c/ .2015	by Fernando
Aguirre, and:		1	
who is personally known to me, or			
who produced the following identification: Driver's	License;	State of A	SC
[SEAL]	<	Printed N Marc	y Public Tede lotary Name

JULIA IEDA

Notary Public - State of New York

No. 01IE6124063

Qualified in Suffolk County

Wy Commission Expires March 21, © 0 4 >

# **EXHIBIT A**

# **RESPONSE TO ITEM 8**

# **EMPLOYMENT HISTORY FOR 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS**

Date	Position Held	Company Name, Address, Phone and Supervisor/Contact
===	Chairman President and Chief Executive Officer	Chiquita Brands International, Inc. 550 South Caldwell Street Charlotte, NC 28202 513.784.8000
		Kevin Holland, Senior Vice President and Chief People Officer
	President, Special Projects President, Global, Feminine Care Vice President, P&G Global, U.S. Snacks & Food Products President, P&G Mexico President & General Manager, P&G Brazil General Manager, Laundry, Cleaning & Household Products, P&G Mexico	The Procter & Gamble Company 1 or 2, Procter & Gamble Plaza Cincinnati, OH 45201 513.983.1100
Directorships		
	Director	Aetna Inc. 151 Farmington Avenue Hartford, CT 06156 860.273.0810
		Judith H. Jones, Vice President and Corporate Secretary
	Director	Levi Strauss & Co. 1155 Battery Street San Francisco, CA 94111 415.501.6000
	Director	Barry Callebaut AG 600 West Chicago Avenue, Suite 860 Chicago, IL 60654 312.496.7300
	Director	Coveris 8600 W. Bryn Mawr Avenue, Suite 800N Chicago, IL 60632

773.877.3300

#### **EXHIBIT B**

#### RESPONSE TO ITEM 11(h)

## Chiquita Brands International Inc.:

Fernando Aguirre retired as Chairman, President and Chief Executive Officer of Chiquita Brands International Inc. in October 2012.

# Shareholders' Derivative Actions

Along with other current and former Chiquita officers and directors, I was a named party in shareholder derivative litigation filed in connection with extortion payments made to violent armed groups in Colombia to protect workers' lives prior to my having joined Chiquita, and the subsequent plea agreement with the Department of Justice. The allegations were thoroughly investigated by a Special Litigation Committee of the board of Directors, which found no breach of fiduciary duty and recommended dismissal of the suit. The litigation was settled on favorable terms and dismissed.

Beginning in 2007, a variety of personal injury tort claims were brought in U.S. courts against Chiquita by persons who allege that they or their relatives were injured by the Colombian groups. In or about 2012, the plaintiffs belatedly sued certain individual former officers and directors of Chiquita. I was personally named in one such complaint, Jane/John Does 1-144 v. Chiquita Brands Int'l, Inc. (D.D.C. No 1:07-cv-1048), that is a part of the MDL. The claims have been stayed for the past two years while Chiquita pursued a successful appeal resulting in the dismissal of most of the claims against the company. See Cardona v. Chiquita Brands Int'l, Inc., 760 F.3d 1185 (11th Cir. 2014).

#### Antitrust lawsuit

During my tenure as CEO of Chiquita, the company also filed an immunity application with the European Commission in connection with the exchange of pricing information in Europe commencing prior to my having joined the company, and settled a lawsuit alleging violations of US antitrust law based on the same conduct. I was not personally involved in or named in any of these matters.

### Aetna Inc.

Shareholder Lawsuit

Silberstein, Stephen v. Aetna, Inc., Mart T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

23-2229683

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.:

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

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

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

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

Fernando Aguirre		
5	(Printed Full Name and Residence Addres	s)
- 3	151 Fernande Aguin	ne 07/30/0015
State of: New York	County of: New York	(Date)
	cknowledged before me this $30$ day of $$	Tuly, 2015 by Fernando
Aguirre, and:		
who is personally known to m	e, or	1-1000 116
who produced the following io	e, or dentification: Divers License; S	fare cr
[SEAL]	JULIA IEDA	Julia Feda
	Notary Public - State of New York No. 01/E6124063 Qualified in Suffolk County My Commission Expires March 21, 2017	Harch 21, 2019
	INV COMMISSION EXPITED MATCH 21, COVY	Daniand 9/19/14

Applicant N	lame (Comp	any): Aetna Inc.		NAIC N	0.	
7 de la constante de la consta	- 10 to 3 to 3	-77		FEIN:	23-22296	83
		RIO	GRAPHICAL	AFFIDAVIT		
To the exter	nt nermitted	by law, this affidavit will			ce regulatory	authority
To the exter	n permitted	by law, uns arridavit win	(Print or T		ce regulatory	audionty.
Part and					ar to	
		telephone number of the roup Names).		sed entity under which		ical statement is being
Aetna Inc.						
151 Farmin	ton Avenue					
Hartford, C	06156					
hereinafter	set forth. (A	above-named entity, I attach addendum or separ "NONE," SO STATE.				
1. Af	fiant's Full N	Name (Initials Not Accept	able): First: Mar	Middle: Thomas	Last: Bertoli	ni.
2. a.	Are yo	ou a citizen of the United	States?			
	Yes [	X No				
ь.	Are yo	ou a citizen of any other c	ountry?			
	Yes	No X				
	If yes,	what country? None.				
3. Aff	iant's occup	pation or profession: Exec	cutive Officer and	Director		
4. Aft	iant's busin	ess address: 151 Farming	ton Avenue, Han	tford, 06156		
		one: REDACTED		ess Email:REDACT	red	
5. Ed	cation and	training:				
College/Uni	versity	City/State		Dates Attended (N	(M/YY)	Degree Obtained
Wayne State	University	Detroit, MI			B.S. Busine	ss Admin., Accounting
Graduate St	<u>idies</u>	College/University	City/State	Dates Attended (M	(M/YY)	Degree Obtained
		Cornell University	Ithaca, NY	-		MBA - Finance
Other Traini	ng: Name	City/State	Dates Attende	ed (MM/YY)	Degree/C	Certification Obtained
Cornell Univ	ersity	Ithaca, NY		2	Executive D	evelopment Program

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

Applicant Name (	Company): Aetna I	nc.	NAIC No	
1			FEIN: 2	3-2229683
6. List of m	emberships in profe	ssional societies and asso	ciations:	
	ne of Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Not app	olicable			
7. Present o	r proposed position	with the Applicant Comp	any: Chairman, Chief Executive	Officer, President and Director
including officersh	present jobs, positi ips). Please list the r	ons, partnerships, owner nost recent first. Attach a	y (20) years, whether compens of an entity, administrator, man additional pages if the space pro ry information for the past ten (	nager, operator, directorates or ovided is insufficient. It is only
Beginning/Ending Dates (MM/YY)_	02/2003 - Present	Employer's Name _	Aetna Inc.	
Address 151 Farm	ington Avenue	City Hartford	State/Provinc	e
Country USA	Postal Cod	e <u>06156</u> Phone <u>R</u>	EDACTED Offices/Positions	Held See below
Type of Business:	Insurance	Superv	visor / ContactJudith H. Jo	nes
	President Executive Vic Executive Vic Senior Vice P	ve Officer and Director e President, Head of Busi e President, Regional Busi resident, Specialty Group resident, Specialty Produ	sinesses	
Beginning/Ending Dates (MM/YY)_		and the factor for the		any
Address 151 Farm	ington Avenue	City Hartford	State/Province	•
Country USA	Postal Cod	e <u>06156</u> Phone RI	EDACTED Offices/Positions I	Held See below
Type of Business:	Insurance	Su	pervisor / ContactJudith	H. Jones
	Executive Vice Executive Vice Senior Vice P Senior Vice P	ve Officer, President and e President, Head of Busi e President, Regional Bus resident, Regional Busine resident, Specialty Group	ness Operations sinesses esses	

Applicant Name (Company): Aetna Inc.		NAIC No
		FEIN: <u>23-2229683</u>
Beginning/Ending		
Dates (MM/YY)	Employer's Name CIGNA	
Address 900 Cottage Grove Road	City Hartford	State/ProvinceCT
Country USA Postal Code 0	6152 Phone 860-226-60	000 Offices/Positions Held Senior Vice President
Type of Business: Insurance	Super	visor / Contact William Pastore
Beginning/Ending Dates (MM/YY)	Employer's Name N	Y Care Health Plans, Inc.
Address One Liberty Plaza	_City _New York	State/Province New York
Country USA Postal Code 1	.0006 Phone Unknown	Offices/Positions Held <u>Executive Vice President</u>
Type of Business: Insurance	Supervisor /	Contact Joseph Lynaugh
Beginning/Ending		
Dates (MM/YY)	Employer's Name Selection	Care Inc.
Address 363 W Big Beaver	_City _ Troy	State/ProvinceMI
Country USA Postal Code	48084 Phone Unknown	Offices/Positions Held President/CEO
Type of Business: Insurance	Supervisor /	Contact Ken LaMotte
Beginning/Ending		
Dates (MM/YY)	Employer's Name Verizor	Communications, Inc.
Address 1095 Avenue of the Americas	City New York	State/ProvinceNY
Country USA Postal Code _	10036 Phone Unknown	Offices/Positions Held <u>Director</u>
Type of Business: Telecommunications	Supe	ervisor / Contact William L. Horton, Jr.
and the same		
Beginning/Ending Dates (MM/YY)	Employer's Name Mass	sachusetts Mutual Life Insurance Company
Address 1295 State Street	City Springfield	State/Province MA
Country USA Postal Code	01111 Phone Unknown	Offices/Positions Held <u>Director</u>
Type of Business: Insurance	Supervisor / Con	ntact Pia Flanagan
Beginning/Ending Dates (MM/YY)	Employer's Name Fidel	co Guide Dog Foundation
Address 103 Vision Way	City Bloomfield	State/ProvinceCT
Country USA Postal Code _	06002 Phone Unknown	Offices/Positions Held <u>Director</u>
Type of Business: Non-profit	Supervisor / Co	ontact John H. Gotta

Appli	cant Na	me (Company): Aetna li	ic.		NAIC No. FEIN:	23-22	229683
	ning/En		_ Employer	's Name <u>Hole in</u>			
Addre	ss <u>555</u>	Long Wharf Drive	City _	New Haven	State/Provi	nce _	đ
Count	ry <u> </u>	SA Postal Cod	06511	PhoneUnknow	vn_Offices/Position	ns Held	Director
Туре	of Busir	ness: Non-profit		Supervisor /	Contact Raymond L	amonta	igne
9.	a.	Have you ever been	n a position	which required a f	idelity bond?		
		Yes No	X				
		If any claims were m	ade on the b	ond, give details:			
	b.	Have you ever been revoked?	denied an	individual or posit	ion schedule fidelity	bond, o	or had a bond canceled or
		Yes No [	X				
		If yes, give details:_			~		
	the li numb are re repre	censing authority or regu- per is your Social Security easonably identifiable as	latory body Number (S your SSN, or example,	having jurisdiction SSN) or embeds you then write SSN for "SSN", "12-SSN-	over the license (s) is our SSN or any sequen r that portion of the pr	ssued. I ce of m rofessio	is and telephone number of f your professional license fore than five numbers that anal license number that is digits)). Attach additional
Organ	ization/	ssuer of License: Not av	ailable	Addre	ss: Not available		
City:		State/Provi	nce:	Count	гу;	Post	al Code:
Licens	е Туре:	Emergency Medical Tech	License #:	Not available 1	Date Issued (MM/YY)	: 06/	79
Date E	expired	(MM/YY): 08/82	_ Reason fo	or Termination: no	longer active through	employ	vment
Non-I	nsurance	Regulatory Phone Num	oer (if know	n): Not available			
11.		sponding to the following scord was sealed or expu					nas personally verified that ever:
	<b>a</b> .	Been refused an occu any public administra				it by au	ny regulatory authority, or
		Yes No [	x				

nt Na	me (Company): A	etna Inc.	NAIC N	
			FEIN:	23-2229683
Had		professional, or vocation istrative, regulatory, or di		or have held, been subject to an
	Yes	No X		
Ç.			evied against you or your occup strative, regulatory, or disciplina	pational, professional, or vocational ary action?
	Yes	No X		
	Been charged v	vith, or indicted for, any o	riminal offense(s) other than ci	ivil traffic offenses?
	Yes	No X		
	Pled guilty, or offenses?	nolo contendere, or be	en convicted of, any crimina	l offense(s) other than civil traffic
	Yes	No X		
		been pardoned, fined, or		ed, had pronouncement of a sentence criminal offense(s) other than civi
	Yes	No X		
	administrative, reguregulating the busi	latory, or disciplinary act ness of insurance, securi	ion, from violating any federal	arily or permanently, in any judicial , state law or law of another country ying out any particular practice of
	Yes	No X		
	Been, within the la financial dispute?	st ten (10) years, a part See Exhibit A	y to any civil action involvin	g dishonesty, breach of trust, or a
	Yes X	No		
1	provisions of small	loan laws, banking or tra		ernment that you have violated any nion laws, or that you have violated Federal Government?
	Yes	No X		
1	Had a lien or forecle	osure action filed against	you or any entity while you we	re associated with that entity?
	Yes	No X		
			please provide details including dication or settlement as appropriate the settlement as a settlemen	ng dates, locations, disposition, etc priate.

Applicant N	ame (Company):	_Aetna Inc.	MAIC No FEIN:	23-2229683
pos per or i offi hol	n "control" (inclusession, direct or son, whether thro non-management ice held by the p	uding the terms "controlling indirect, of the power to ugh the ownership of voting services, or otherwise, unleaderson. Control shall be present	g." "controlled by" and "under direct or cause the direction of g securities, by contract other the ess the power is the result of an sumed to exist if any person, di	ou control directly or indirectly. The common control with") means the the management and policies of a an a commercial contract for goods a official position with or corporate rectly or indirectly, owns, controls, more of the voting securities of any
If a	ny of the stock is	pledged or hypothecated in	any way, give details. Not	applicable
or or regr	of record, 10% o	r more of the outstanding s or its affiliates? An "affilia through one or more inter-	shares of stock of any entity su te" of, or person "affiliated" with	ly subscribe to or own, beneficially bject to regulation by an insurance h, a specific person, is a person that led by, or is under common control
Yes	No No	x		
	outstanding votin		s in which the cumulative stock	holdings represent 10% or more of
If a	A Total Control of the A	f stock are pledged or hypot	hecated in any way, give details.	
4. Hav	e you ever been a	adjudged a bankrupt?		
Yes	No No	x		
If y	es, provide details			
com		key management employee		eer or director, trustee, investment any of the following events occur
a.	Been refuse licensing ag		ificate of authority by any regu	alatory authority, or governmental-
	Yes	No x		
<b>b</b> .	to any judi	cial, administrative, regula , conservatorship, federal b	tory, or disciplinary action (in-	anceled, non-renewed, or subjected cluding rehabilitation, liquidation, solvency, supervision or any other
	Yes	No X		

Applicant Na	me (Company): Aetna Inc.	NAIC No	
2 6 6 1 1 1 C C C C C C C C C C C C C C C		FEIN:	23-2229683
c.	Been placed on probation or had a fine authority in any civil, criminal, administrat		
	Yes X No		
affian Curre and leadi and s resul futur	e answer to any of the above is yes, please indi- nt should also include any events within twelve- ent and past business practices of Aetna Inc. a health regulatory authorities and other state a- ing national managed care organization. Aetna several such reviews currently are pending, so It in changes or clarifications of Aetna Inc. and re may, result in fines, penalties or other sancti	(12) months after his or her of nd its affiliates are subject to and federal authorities, include a Inc. and its affiliates regular me of which may be resolved its affiliates' business practice ons.	review by various state insurance ling State Attorneys General. As a rly are the subject of such reviews d during 2015. These reviews may es, and have in the past, and in the
	and an explanation provided.  ned this 24 day of July, 2015 at Hartforehalf and that the foregoing statements are true:	d, CT I hereby certify under	penalty of perjury that I am acting
A	1 III. 12 (2) 12 (2) (3) (4) (4) (4)	15/ Mark T. Be	
State of: Conr	necticut County of: Hartford		
The foregoing	instrument was acknowledged before me this	24 day of July, 2015 by M	Mark T. Bertolini, and:
	ersonally known to me, or luced the following identification:		·Da
{SEA	AL]	Ma	Notary Public
		-	Printed Notary Name
		8	MARISOL JIMENEZ Motary Public, State of Connectical My Commission Expires Aug. 31, 2015

Applicant Name (Company):	Aetna Inc.	NAIC No. FEIN:	23-2229683
	Esperature of Action		23-2223003
	BIOGRAPHICAL AFFII Supplemental Personal Info		
	(Print or Type)		
Γο the extent permitted by la	w, this affidavit will be kept confidential by t	he state insurance	regulatory authority
Full name, address, and teleprequired (Do Not Use Group	whone number of the present or proposed entition Names).	ty under which th	nis biographical statement is being
Aetna Inc.			
151 Farmington Avenue			
Hartford, Connecticut 06156			
	(Initials Not Acceptable): First: Mark Midds "NONE," SO STATE.	dle: <u>Thomas</u> L	ast: <u>Bertolini</u>
2. Have you ever used	any other name, including first, middle or las	t name, nickname	e, maiden name or aliases?
Yes No	x		
If yes, give the reason	on if any, if none indicate such, and provide the	ne full name(s) an	d date(s) used.
Beginning/Ending Date(s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (I	f none, indicate such)

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

- 3. Affiant's Social Security Number. REDACTED
- Government Identification Number if not a U.S. Citizen: Not applicable
- 5. Foreign Student ID# (if applicable): Not applicable
- 6. Date of Birth: (MM/DD/YY): REDACTED Place of Birth, City: REDACTED

  State/Province: REDACTED Country: USA

Applicant Name (Comp	any): Aetna Inc.			NAIC No		
SWC COUNTY CONTRACTOR	-0/: <u></u>			FEIN:	23-2229683	
7. Name of Affiar	nt's Spouse (if app	plicable) : Not ap	plicable			
8. List your reside	ences for the last t	ten (10) years star	ting with your curre	ent address, g	giving:	
Beginning/Ending Dates (MM/YY)	Address	City	State/ Province		Country	Postal Code
	-		1 0		2	
				5		
State of: Connecticut Co						
The foregoing instrumer		ged before me thi	s 24 day of July,	2015 by N	lark T. Bertol	lini, and:
who is personally king who produced the for	the said of the sa	ation:			n	
				11	de	
[SEAL]				- WP	Notary P	ublic
				-	Printed Nota	ry Name
					My Commission	on Expires
				20	MARISO	DL JIMENEZ

Commission Expires Aug. 31, 2015

Applicant Name (Company): Aetna Inc.	NAIC No.	
	FEIN: 23-2229683	

#### **Exhibit A**

Response to Question 11 (h)

### Mark T. Bertolini, Executive Officer and Director of Parent Company, Aetna Inc.

During his employment with Aetna since 2003, Mr. Bertolini has been named as a defendant along with Aetna in eleven cases concerning claims for benefit coverage. All of these cases are resolved and closed. The cases are:

- O'Keefe, Mary S. v. Aetna Inc. and Mark Bertolini, Superior Court of California, County of Santa Cruz, Small Claims, Watsonville, CA, No. WS130539; filed 8/9/13; resolved and closed 10/18/13.
- Febregas, Ernesto v. Aetna Inc. and Mark T. Bertolini, Chairman, CEO & President, Coral Gables District County Court, Miami-Dade County, FL, No. 13 10010SP25; filed 5/2013; resolved and closed 7/18/13.
- Griffin, III, MD, E. Rawson v. Mark T. Bertolini, CEO Aetna Inc., County Court, Nassau County, FL, No. 2013-SC-80; filed 3/13/13; resolved and closed 4/24/13
- Griffin III, MD, E. Rawson v. Mark T. Bertolini, CEO Aetna Inc., County Court, Nassau County, FL, No. 2013-SC-76; filed 3/13/13; resolved and closed 4/24/13.
- Griffin, III, MD, E. Rawson v. Mark T. Bertolini, CEO Aetna Inc., County Court, Nassau County, FL, No. 12-SC-226; filed 7/31/12; resolved and closed 9/19/12.
- Hills, James D. v. Praxair, Inc., Aetna Inc., Broadspire Services, Inc., Mark Bertolini, et al., U.S.
   District Court for the Western District of New York, No. 11-cv-0678; filed 8/11/11; resolved and closed 1/4/13.
- Nguyen, Hung T. v. co Mark T. Bertolini President of Aetna, King County District Court West Division, WA, No. 115-6949; filed 12/1/11; resolved and closed 3/7/12.
- John E. Stokes, IV, M.D. v. Mark T. Bertolini and Aetna Health Inc., District Court, Baltimore City, MD, No. 10100186202011; filed 7/13/11; resolved and closed 12/20/11.
- Rey, Wilson v. Mark Bertolini (Aetna) Insurance, Trial Court of Massachusetts, Boston Municipal Court Department, East Boston, MA, No. 1105SC000173; filed 4/8/11; resolved and closed 10/21/11.
- Darracq, Joseph A. v. Aetna; Mark Bertolini, President, Alameda County Superior Court, CA, George E. McDonald Hall of Justice, Small Claims, No. AS09455689; filed 6/3/09; resolved and closed 9/9/09.
- Yokobe, Tee v. Aetna Health Insurance; Mark Bertolini; Ruth Joe Markas, King County District Court, CA, East Division, Issaquah Courthouse, Small Claims Division, No. 83-1269; filed 9/15/08; resolved and closed 11/11/08.

Applicant Name (Company): Aetna Inc.	NAIC No.
	FEIN: 23-2229683

#### Shareholder lawsuit

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, CT 06156 and

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

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

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

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

	Printed Full Name and Residence Address)
	IS/ Mark T. Bertolin 7/24/15
Mark T. Bertolini	(Date)
State of: Connecticut County of: Hartford	
The foregoing instrument was acknowledge	ed before me this 24 day of July, 2015 by Mark T. Bertolini, and:
who is personally known to me, or who produced the following identifications:	tion:
	Mondeline
[SEAL]	Notary Public
	Printed Notary Name
-	MARISOL MATERIES ON Expires  Notary Public, Sain of Connectic.
	My Commission Espires Aug. 31, 2015

Applicant Name (Company): Aetna Inc.	A	ppli	cant	Name	(Com	pany):	Aetna	inc.	
--------------------------------------	---	------	------	------	------	--------	-------	------	--

NAIC No.		
FEIN	23-2229683	

# **BIOGRAPHICAL AFFIDAVIT**

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

(Print or Type)

Aetn	a Inc.		
151	Farmington Avenue		
Hart	ford, CT 06156		
860-	273-0123		
herei	onnection with the above-named entity, I her inafter set forth. (Attach addendum or separate WER IS "NO" OR "NONE," SO STATE		
1. 2.	Affiant's Full Name (Initials Not Acceptable  a. Are you a citizen of the United Stat		Buda
	Yes No X		
	b. Are you a citizen of any other coun	itry?	
	Yes X No		
	If yes, what country?Canada		
3.	Affiant's occupation or profession: Vice Pres	sident, Finance and Treasurer	
4.	Affiant's business address: 151 Farmington	Avenue, Hartford, CT 06156	
	Business telephone: REDACTED	Business Email: REDACT	ED
5.	Education and training:		
Colle	ge/University City/State	Dates Attended (MI	M/YY) Degree Obtained
North	neastern University Boston, MA		Business Administration
Grad	uate Studies College/University City/Stat	te Dates Attended (MI	M/YY) Degree Obtained
Plyme	outh State College Boston, MA	Carried I	MBA-Business Administration
Other	Training Name City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
None			

App	licant Na	me (Company): <u>Aetna</u>	Inc.	NAIC No FEIN: 23-2229683			
6.	List	of memberships in profe	essional societies and asso				
	Soci	Name of ety/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association		
	No	ne					
7.	Pres	ent or proposed position	with the Applicant Comp	any: <u>Vice President, Finance a</u>	nd Treasurer		
8.	inclu	ding present jobs, posit erships). Please list the	tions, partnerships, owner most recent first. Attach a	ty (20) years, whether compen of an entity, administrator, man additional pages if the space pro ory information for the past ten (	nager, operator, directorates or ovided is insufficient. It is only		
SEE I	EXHIBIT	A					
Begin Dates	nning/En s (MM/Y	ding (Y):	Employer's Name:				
Addr	ess:		City:	State/Province	<b>*</b>		
Coun	try:	Postal Co	de:Phone:	Offices/Positions I	-leld:		
Туре	of Busin	ess:	Superv	isor/Contact:			
9.	a.		in a position which requi	red a fidelity bond?			
			made on the bond, give de	tails: None			
	b,	Have you ever bee revoked?	n denied an individual or	r position schedule fidelity bor	nd, or had a bond canceled or		
		Yes No	X				
		If yes, give details:	Not Applicable				
10.	or go in the the lie numb are re	vernmental licensing ag past. For any non-insu- censing authority or reg er is your Social Securi- asonably identifiable a	gency or regulatory author rance regulatory issuer, id gulatory body having juris ity Number (SSN) or emb is your SSN, then write S For example, "SSN", "12	nses (including licenses to sell strity or licensing authority that y entify and provide the name, addiction over the license (s) issueds your SSN or any sequence SN for that portion of the profe-SSN-345" or "1234-SSN" (last	ou presently hold or have held dress and telephone number of ed. If your professional license of more than five numbers that essional license number that is		
	None						

Applica	Applicant Name (Company): _Aetna Inc.				NAIC No		
Organi	zatio	n/Issuer of Licens	e:	Address:			
City: _		St	ate/Province:	Country:		Postal Code:	
License	Тур	oe:	License #:		Date Issued (MN	WYY):	
Date Ex	xpire	ed (MM/YY):	Reason fe	or Termination:			
Non-In	surar	nce Regulatory Ph	one Number (if known):				
Organia	zatio	n/Issuer of Licens	e:	Address:			
City:		St	ate/Province:	Country:		Postal Code:	
License	Тур	oe:	License #:		Date Issued (MM	1/YY):	
Date Ex	kpire	ed (MM/YY):	Reason fo	or Termination:			
Non-In:	surar	nce Regulatory Ph	one Number (if known):				
11.	the	record was sealed	or expunged, an affiant	may respond "no"	to the question.		
	a.		d an occupational, profest dministrative, or governing			ermit by any regulatory authority, or	
		Yes	No X				
	b.		cupational, professional, administrative, regulator			u hold or have held, been subject to	
		Yes	No X				
	c.		on probation or had a fir ermit in any judicial, adm			pational, professional, or vocational ary action?	
		Yes	No X				
	d.	Been charge	ed with, or indicted for, ar	ny criminal offens	e(s) other than c	ivil traffic offenses?	
		Yes	No X				
	e	Pled guilty, offenses?	or nolo contendere, or	been convicted	of, any crimina	l offense(s) other than civil traffic	
		Yes	No X				
	f.		or been pardoned, fined,			ed, had pronouncement of a sentence criminal offense(s) other than civil	
		Yes	No X				
	g	administrative, regulating the b	egulatory, or disciplinary	action, from viola curities or bankin	ting any federal g, or from carr	arily or permanently, in any judicial, , state law or law of another country ying out any particular practice or	
		Yes	No X				

	h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No X
	i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
	j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
	Not Applicable
12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None
	If any of the stock is pledged or hypothecated in any way, give details. Not Applicable
	many of the stock is preaged of hypothecated in any way, give details.
13.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.
	Yes No X
	If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.  None
	If any of the shares of stock are pledged or hypothecated in any way, give details.
	Not Applicable
14.	Have you ever been adjudged a bankrupt?
	Yes No X
	If yes, provide details: Not Applicable

Applicant	Name (Company): Ae	tna Inc.		NAIC No
	o your knowledge has	any company or entity	for which you were	an officer or director, trustee, investment
co		management employee		lder, had any of the following events occur
a.	Been refused a licensing agency		ficate of authority by	any regulatory authority, or governmental-
	Yes	No X		
b.	to any judicial	, administrative, regulat onservatorship, federal b	ory, or disciplinary a	evoked, canceled, non-renewed, or subjected ction (including rehabilitation, liquidation, state insolvency, supervision or any other
	Yes	No X		
c.		probation or had a fin civil, criminal, administ		against its permit, license, or certificate of sciplinary action?
	Yes	No X		
af				s. When responding to questions (b) and (c), is or her departure from the entity.
No	ote: If an affiant has and an explanati		uracy of an answer, the	question should be answered in the positive
Dated and s ny own be	signed this 21 day of	July, 2015 at Hartfor	rd, CT. I hereby certify nd correct to the best o	under penalty of perjury that I am acting on f my knowledge and belief.
	{		15/3000 De	and Rudo
	John David Bud			
State of: C	Connecticut C	ounty of: Hartford		
			s 2 day of July , 2	2015 by John David Buda , and:
4	personally known to m			
who pr	roduced the following i	dentification:		
				E O
[S	EAL	Notary Public	M COLLAZO , State of Connecticut Expires Aug. 31, 2015	Notary Public  Printed Notary Name
		my commission		My Commission Expires

NAIC No.		
FEIN:	23-2229683	

# BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

# (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authori	To the extent	permitted by law	this affidavit will be ke	pt confidential by the state	insurance regulatory authority
--	---------------	------------------	---------------------------	------------------------------	--------------------------------

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

require	ed (Do Not Use Group Names).	
<u>Aetna</u>	Inc.	
<u>151 Fa</u>	irmington Avenue	
Hartfo	rd, CT 06156	
1.	Affiant's Full Name (Initials Not Acceptable): First: John IF ANSWER IS "NONE," SO STATE.	Middle: David Last: Buda
2.	Have you ever used any other name, including first, middle or	ast name, nickname, maiden name or aliases?
	Yes No X	
	If yes, give the reason if any, if none indicate such, and provide	the full name(s) and date(s) used.
	nning/Ending Name(s) (s) Used (MM/YY) Specify: First, Middle or Last Name	Reason (If none, indicate such)
None		
-		
-		
Note:	Dates provided in response to this question may be approximate be an overlap of dates when transitioning from one name to and	
3.	Affiant's Social Security Number: REDACTED	
4.	Government Identification Number if not a U.S. Citizen: RED	ACTED
5.	Foreign Student ID# (if applicable) : Not Applicable	
6.	Date of Birth: (MM/DD/YY): REDACTED Place of Birth State/Province: REDACTED Country: RE	, City: REDACTED

Applican	t Name (Con	npany): Aetna Inc.			NAIC NO		
					FEIN:	23-2229683	
7.	Name of Aff	ant's Spouse (if app	licable) :				
8.	List your resi	dences for the last te	n (10) years starti	ng with your curr	ent address,	giving:	
Beginnin	g/Ending			State/			
Dates (M	IM/YY)	Address	City	Province		Country	Postal Code
	_ = c			_			
				-			5
State of	Connecticut	David Buda	Hartford				
					2016	toba David	danda and
TA		ent was acknowledg known to me, or	ed before me this	Z day of July	., 2015 0	lonn_Davi	<b>d Buga</b> , and:
who	produced the	following identifica	tion:				
ı	[SEAL]	48	Notary Public, St	COLLAZO ate of Connecticut spines Aug. 31, 2015	Dac	Notary Po	Pollas
					0,	uns 31	2015
						My Commissio	on expires

NAIC No.		
FEIN:	23-2229683	

# **EXHIBIT A**

# **RESPONSE TO ITEM 8**

**AFFIANT'S NAME** 

John David Buda

# **EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS**

Begin & End Dates	Position Held	Company Name and Address	Type of Business	Supervisor/Contact & Phone
	Vice President, Finance and	Aetna Inc. and	Healthcare	Thomas F. Cowhey
	Treasurer	Aetna Life Insurance Company 151 Farmington Avenue		REDACTED
The second	Vice President and Assistant	Hartford, CT 06156		
	Treasurer	USA		
	Chief of Staff – Office of CFO			
	Head of Strategic Finance			
	Head of Business Management,			
	Strategy & Planning			
	Senior Director Corporate			
	Finance			
	Director Corporate Finance			
	Director of Treasury Services	Fisher Scientific International Inc.	Healthcare	
		One Liberty Lane		
		Hampton, NH 03842		
		USA		
	Senior Treasury Analyst	Parametric Technology Corporation	Technology	
		128 Technology Drive		
		Waltham, MA 02154		
		USA		
	Senior International Treasury	Cabletron Systems, Inc.	Technology	
	Analyst	35 Industrial Way	Service Care	
		Rochester, NH 03867		
		USA		
***	Corporate Account Manager	Daiwa Bank Canada	Financial	
		150 King Street West	Services	
		Toronto, Ont M5H 1J9		
		Canada		

NAIC No.		
FEIN:	23-2229683	

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156.

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

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

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

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

	John David Buda,	
John Date	Printed Full Name and Residence	
State of: Connecticut	County of: Hartford	
who is personally know	wn to me, or	July , 2015 by John David Buda , and:
who produced the follo	owing identification:	
[SEAL]	DIANE M COLLAZO  Notary Public, State of Connecticut  My Commission Expires Aug. 31, 2015	Notary Public Printed Notary Name

NAIC	No	
FEIN:	23-2229683	

# **BIOGRAPHICAL AFFIDAVIT**

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

(Print or Type)

	name, address and telephone number of the present or proposed entity under which this biographical statement is being red (Do Not Use Group Names)
Aetna	a Inc.
151 F	Farmington Avenue, Hartford, CT 06156
860-2	273-0123
herein	nnection with the above-named entity, I herewith make representations and supply information about myself as nafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF WER IS "NO" OR "NONE," SO STATE.
1.	Affiant's Full Name (Initials Not Acceptable): First: William Middle: James Last: Casazza
2.	a. Are you a citizen of the United States?
	Yes X No
	b. Are you a citizen of any other country?
	Yes No X
	If yes, what country?
3.	Affiant's occupation or profession: Attorney
4.	Affiant's business address. 151 Farmington Avenue, Hartford, CT 06156
	Business telephoneREDACTED Business Email:REDACTED
5.	Education and training:
Colleg	ze/ University City/ State Dates Attended (MM/YY) Degree Obtained
Tufts	University Medford, MA Bachelor of Arts
Gradu	ate Studies: College/ University City/ State Dates Attended (MM/YY) Degree Obtained
Unive	rsity of Notre Dame Notre Dame, IN M.B.A.
Other	Training: Name City/ State Dates Attended (MM/YY) Degree/Certification Obtained
Come	ell Law School Ithaca, NY J.D.

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

NAIC No. \_

FEIN: 23-2229683

6.	List of mambas	ahina in maa	Cancianal	anninting a	and associations:
0.	List of member	Snids in dio	ressionai	Societies a	ing associations.

Name of Society/Association American Bar Association	Contact Name Unknown	Address of Society/Association 321 North Clark Street Chicago, IL 60610	Telephone Number of Society/Association 312-988-5000
Connecticut Bar Association	Unknown	30 Bank Street New Britain, CT 06050	860-223-4400
Pennsylvania Bar Association	Unknown	100 South Street Harrisburg, PA 17108	717-238-6715
New York Bar Association	Unknown	1 Elk Street Albany, NY 12207	518-464-3200

- 7. Present or proposed position with the Applicant Company: Executive Vice President and General Counsel
- 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.

Address 151 Farmington Avenue	CityHartford	State/ProvinceCT
Country U.S.A. Postal Code 06156 Phone RE	CDACTED Offices/Positions Held Exec. Vic	ce Pres, and General Counsel
Type of Business: Insurance	Supervisor/Contact: Mark T. Bert	olini
Beginning/Ending Dates (MM/YY) Employe	ers' Name Aetna Inc. and Aetna Life Insuranc	e Company
Address 151 Farmington Avenue	City Hartford	State/Province CT
Country U.S.A. Postal Code 06156 Phone RE	DACTED Offices/Positions Hold St V.D.	
County I cour code go too I none ice	DACTED OTHERS POSITIONS FIELD SI. V.P.	and General Counsel
Type of Business: Insurance		The second second
Type of Business: <u>Insurance</u> Beginning/Ending	Supervisor/Contact: Mark T. Bert	olini
Type of Business: Insurance  Beginning/Ending  Dates (MM/YY) Emp	Supervisor/Contact: Mark T. Bert	ance Company
Type of Business: Insurance  Beginning/Ending  Dates (MM/YY) Emp  Address 151 Farmington Avenue	Supervisor/Contact: Mark T. Bert  bloyers' Name Aetna Inc. and Aetna Life Insur  City Hartford	rance Company  State/Province
Type of Business: Insurance  Beginning/Ending Dates (MM/YY) Emp  Address 151 Farmington Avenue  Country U.S.A. Postal Code 06156 Phone RE	Supervisor/Contact: Mark T. Bert  Ployers' Name Aetna Inc. and Aetna Life Insur  City Hartford  DACTED Offices/Positions Held Sr. V.P., D	rance Company  State/ProvinceCT
Type of Business: Insurance  Beginning/Ending Dates (MM/YY) Emp  Address 151 Farmington Avenue  Country U.S.A. Postal Code 06156 Phone RE  Corporate Secretary Supervisor / Contact L. Edv  Beginning/Ending	Supervisor/Contact: Mark T. Bert  Ployers' Name Aetna Inc. and Aetna Life Insur  City Hartford  DACTED Offices/Positions Held Sr. V.P., D  ward Shaw, Jr./Louis J. Briskman	ance Company  State/ProvinceCT  Deputy General Counsel and
	Supervisor/Contact: Mark T. Bert  Ployers' Name Aetna Inc. and Aetna Life Insur  City Hartford  DACTED Offices/Positions Held Sr. V.P., Devard Shaw, Jr./Louis J. Briskman  Name Aetna Inc. and Aetna Life Insurance C	ance Company  State/Province  Deputy General Counsel and

Beginning/En	nding (Y) C Employers' N	lame Aetna Inc.		
Address 151	Farmington Avenue	City	Hartford	State/ProvinceCT
Country U.S	S.A. Postal Code <u>06156</u> Offices/Posit	ions Held: <u>V.P. and De</u>	puty General Counse	el
Beginning/Er Dates (MM/)	nding (Y) Employers' Nan	ne Aetna Life Insurance	e Company	
Address 151	Farmington Avenue	City _	Hartford	State/ProvinceCT
Country U.S	S.A. Postal Code <u>06156</u> Offices/Posit	ions Held: Acting Gene	ral Counsel	
Beginning/Er Dates (MM/Y	nding (Y) Employers' Nam	ne Aetna Inc.		
Address 151	Farmington Avenue	City _	Hartford	State/ProvinceCT_
Country U.S	S.A. Postal Code 06156 Phone Office	s/Positions Held: Actin	g General Counsel	
Beginning/En Dates (MM/Y	oding (Y) Employers' N	lame <u>Aetna Life Insura</u>	nce Company	
Address 151	Farmington Avenue	City _	Hartford	State/ProvinceCT
Country U.S	A. Postal Code 06156 Offices/Posit	ions Held: <u>V.P. and De</u>	puty General Counse	el
Beginning/En Dates (MM/Y	ding  (Y) Employers' Na	me <u>Aetna</u>		
Address 151	Farmington Avenue	City	Hartford	State/ProvinceCT
Country U.S	.A. Postal Code 06156 Offices/Positi	ons Held: Corporate	Counsel	
Beginning/En Dates (MM/Y	ding  Y) Employers' Name	: Sullivan & Cromwe	0	
Address	125 Broad Street	City	New York	State/Province NY
Country U	I.S.A. Postal Code 10004 Phone	212) 558-4000 Office	s/Positions Held	Attorney
9. a.	Have you ever been in a position v	which required a fidelity	y bond?	
	Yes No X			
	If any claims were made on the bo	nd, give details: N/A		
<b>b</b> .	Have you ever been denied an in revoked?	dividual or position se	chedule fidelity bon	d, or had a bond canceled or
	Yes No X			
	If yes, give details: N/A			

NAIC No. \_\_\_\_\_ FEIN: 23-2229683

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 Li	cense New York State Bar Ass	ociation Address 1 Elk S	Street
City Albany	State/Province NY	Country U.S.A.	Postal Code 12207
License Type Attorney	License _	Date Issued (M	IM/YY) 1986
Date Expired (MM/YY)	Annual Renewal Reason for Te	rmination Not terminated -	renewed September 2012
Non-insurance Regulatory	Phone Number (if known)	518-463-3200	
Organization /Issuer of Li	cense Connecticut Bar Associa	ation Address 30 Bar	nk Street
City New Britain	State/ProvinceCT	Country U.S.A.	Postal Code 06050
License Type Attorney	License _	Date Issued (M	IM/YY) 4/1993
Date Expired (MM/YY) A	Annual Renewal Reason for Ter	mination Not terminated - re	newed June 2012
	Phone Number (if known)	347/33 (10)	
Organization /Issuer of Lie	cense Pennsylvania Bar Assoc	Address 100 Sc	outh Street
City Harrisburg	State/Province PA	Country U.S.A.	Postal Code 17108
License Type Attomey	License _	Date Issued (M	IM/YY) 07/01
	Annual Renewal Reason for Ter		
	Phone Number (if known)		TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN TRANSPORT NAMED IN THE PERSON NAMED IN TRANSPORT NAMED IN THE PERSON NAMED IN TRANSPORT NAMED IN THE PERSON NAM
	cense_State of Illinois		San Carrier
	State/Province Illinois		
The second second	Public Accountant License		
	nactive Reason for Terminati		
7		The state and	
Non-insurance Regulatory	Phone Number (if known)	217-785-0800	

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: Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? No X Had any occupational, professional, or vocational license or permit you hold or have held, been subject to b. any judicial, administrative, regulatory, or disciplinary action? Yes No X Been placed on probation or had a fine levied against you or your occupational, professional, or vocational C. license or permit in any judicial, administrative, regulatory, or disciplinary action? Yes No X d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? Yes No X Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic e. offenses? No X Yes Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? Yes No X 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? i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? Yes No X Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No X Yes 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.

NONE

12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE
	If any of the stock is pledged or hypothecated in any way, give details. NONE
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 X  If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. NONE
	If any of the shares of stock are pledged or hypothecated in any way, give details. NONE
4.	Have you ever been adjudged a bankrupt?
	Yes No X
	If yes, provide details: NONE
5.	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
	Yes No X
	b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

1.) The Certificate of Authority of Aetna Life Insurance Company was voluntarily suspended in the State of New Mexico as of December 31, 1994 and reinstated February 7, 2008.

2.) The Certificate of Authority of New York Life and Health Insurance Company ("NYLHIC") was suspended in the State of Washington effective January 3, 2002 because NYLHIC did not meet the minimum financial requirement to transact business in its September 30, 2001 quarterly statement. NYLHIC's Certificate of Authority in the state of Washington was reinstated effective January 3, 2003 when it again satisfied such requirements.

3.) The Certificate of Authority of New York Life and Health Insurance Company in the State of Virginia was voluntarily suspended as of April 16, 2002 and reinstated effective May 9, 2003.

Yes X

No

C,		on probation or had my civil, criminal, ad				or certificate of
	Yes X	No				
to revi author Inc. ar pendin clarific	iew by variou ities, including nd its affiliate ig, some of various of Aetr	ffiliates' current and us state insurance of State Attorneys of s regularly are the which may be resonation. The Companional tin fines, penalt	e and health requipments. As a lead a subject of such rolved during 2015, and its affiliate.	latory authorities ding national man eviews and seve These reviews s' business practi	and other sta aged care orga ral such review may result in	te and federal nization, Aetna is currently are changes to or
affiant	should also in	f the above is yes, pl clude any events wi identified in Ouesti	thin twelve (12) mo	nths after his or he		
Note:		nas any doubt about t nation provided.	he accuracy of an an	swer, the question s	hould be answere	ed in the positive
Dated and signe acting on my ow	n behalf and th	y of July , 2015	ements are true and c	Γ. I hereby certify orrect to the best of	f my knowledge a	perjury that I am and belief
State of: Conne		County of: Har	tford			
The foregoing in	istrument was a	acknowledged before	me this 22 day o	f July, 2015	by William J.	Casazza, and:
who is perso	onally known to	me, or				
who produc	ed the followin	g identification:		lla	es la s	had.
[SEAL]	P) =			2010	Notary Publi	ic //
					Printed Notary N	Vame
				A MY	Ay Pederal Asia (1916) lotary Patalle, State of ( Commission Expires J	SourceStreet Connecticut Inn. 31, 2016

NAIC No.	
FEIN: 23-2229683	

## BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.
Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

77.		THE VOLUMEN				
<u>Aetna</u>	Inc.					
151 F	armington Ave	enue, Hartford, CT	06156			
860-2	73-0123					
1.		l Name (Initials No WER IS "NONE," S		: William Middle	e: James Last: (	Casazza
2.	Have you eve	er used any other na	ume, including first,	middle or last name	e, nickname, maiden nam	e or aliases?
	Yes	No X				
	If yes, give th	ne reason if any, if r	none indicate such,	and provide the full	name(s) and date(s) used	
	ning/Ending s) Used (MM/Y	Y) Specif	<u>Name(s)</u> fy: First, Middle or La	st Name	Reason (If none, indica	(e such)
Note:			is question may be sitioning from one		s using this form understa	nd that there could
3.	Affiant's Soc	ial Security Number	REDACTED			
4.	Government	Identification Num	ber if not a U.S. Cit	izen None		
5.	Foreign Stude	ent ID# (if applicab	le) None			
6.	Date of Birth	(MM/DD/YY) R	EDACTED Place	e of Birth: City RI	EDACTED	
	State/Provinc	e REDACTED	c	ountry REDACTI	ED	
7	Name of Affi	ant's Spouse (if app	plicable) None			
8.	List your resid	dences for the last t	en (10) years startii	ng with your current	address, giving:	
	ing/Ending MM/YY)	Address	City	State/ Province	Country	Postal Code

#### REDACTED

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

Dated and signed this day of July, 2015 at Hartford, CT. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

William J. Casazza 151 William J Casazza

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ by William J. Casazza, and:

who is personally known to me, or

who produced the following identification:

[SEAL]

Printed Notary Name

Notary Public

MAPINA G. RIZZUTI
MANY PARTYMAN UTCANDISOR
M. Commission Expires Jan. 31, 2016

NAIC No. \_\_\_\_\_\_ FEIN: 23-2229683

FORM 11

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.:

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

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

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

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

w	illiam James Casazza	
4	(Printed Full Name and Residence Ad	1//
William J. C	asazza ISrwilliam J.	(Casazza (Date)
State of: Connecticut	County of: Hartford	
The foregoing instrument was	s acknowledged before me this <u></u> day of <u>Ju</u>	ly, 2015 by William J. Casazza, and:
who is personally known	to me, or	
who produced the follow	ring identification:	
		flower & Back:
[SEAL]		Notary Public
		Printed Notary Name
		My Connunscipor Expires
		My Commission Equires Jan. 31, 2016. 8/18/14

Applicant Name	(Company):	Aetna Inc.
----------------	------------	------------

NAIC No.		
FEIN:	23-2229683	

# **BIOGRAPHICAL AFFIDAVIT**

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

# (Print or Type)

	name, address and te red (Do Not Use Gro		ent or proposed entity under which	h this biographical s	statement is being
Aetna	Inc.				
151 F	armington Avenue				
Hartfo	ord, CT 06156				
860-2	73-0123				
herein	after set forth. (Atta		with make representations and sheet if space hereon is insufficient		
1.			: First: Frank Middle: Mitche	ell Last: Clark	
2.	a. Are you	a citizen of the United State	s?		
	7	a citizen of any other countr	y?		
	Yes _	No X			
	If yes, w	hat country? None		,	
3.	Affiant's occupat	ion or profession: Executiv	ę		
4.	Affiant's business	address: REDACTED			
	Business telephor	ne: REDACTED	Business Email: REDAC	TED	
5.	Education and tra	ining:			
Colleg	ge/University	City/State	Dates Attended	(MM/YY)	Degree Obtained
DePau	l University	Chicago, IL		1	B.SCommerce
	ate Studies re/University	City/State	Dates Attended	(MM/YY) I	Degree Obtained
DePau	University	Chicago, IL			J.D.
Other	Training: Name	City/State I	Dates Attended (MM/YY)	Degree/Certifi	ication Obtained
Not ap	plicable				
Note:			rovide full address and telephone ification Number in the space pr		

Supplemental Information.

Applica	Applicant Name (Company): Aetna Life Insurance Company			NAIC No. 60054 FEIN: 06-6033492		
6.	List of	memberships in profession	onal societies and associa	tions.		
	Socie	Name of ety/Association	Contact Name	Address of Society/Association 321 South Plymouth Court	Telephone Number of Society/Association	
	Chicag	go Bar Association	Unknown	Chicago, IL 60604	(312) 554-2000	
7.	Present	or proposed position wit	th the Applicant Compan	y: <u>Director</u>		
8.	includir	ng present jobs, positions ships). Please list the mos	s, partnerships, owner of st recent first. Attach add	(20) years, whether compensated an entity, administrator, manager litional pages if the space provide information for the past ten (10) y	r, operator, directorates or d is insufficient. It is only	
SEE EXH Beginnin Dates (I	ng/Endir	ng ):	_ Employer's Name:			
Address			City:	State/Province:		
Country		Postal Code:	Phone:	Offices/Positions Held	:	
Type of	Busines	s:	Superviso	r/Contact:		
9.	a.	Yes No		l a fidelity bond?		
	b.	Have you ever been d revoked?  Yes No If yes, give details: No	x	osition schedule fidelity bond, o	r had a bond canceled or	
	or gover in the pa the licer number are reas represer	rnmental licensing agence ast For any non-insurance using authority or regular is your Social Security lands conably identifiable as your	by or regulatory authority be regulatory issuer, iden- tory body having jurisdic Number (SSN) or embed- bur SSN, then write SSN example, "SSN", "12-SS	es (including licenses to sell secur or licensing authority that you putify and provide the name, address tion over the license (s) issued. It is your SSN or any sequence of mo for that portion of the profession SN-345" or "1234-SSN" (last 6 of	resently hold or have held is and telephone number of f your professional license ore than five numbers that hal license number that is	

Appli	cant Na	me (Company): _	Aetna Inc.		NAIC N	o	_
Organ	ization/	Issuer of License	: Illinois State Bar Ass	ociation Address:	424 South Seco	nd Street	
City ;	Springfie	eld State/Pr	rovince IL	Country	USA	Postal Code 62701	_
Licen	е Туре	Attorney	License # =		Date Issued (MM	VYY) <u>1976</u>	
Date I	Expired	(MM/YY)	Reason	for Termination _			
Non-i	nsurance	e Regulatory Pho	ne Number (if known	(217)525-1760			
11.			ollowing, if the record or expunged, an affia			e affiant has personally verified Have you ever:	that
	a.		l an occupational, pro Iministrative, or gover			rmit by any regulatory authority	y, or
		Yes	No X				
	b.		upational, professiona administrative, regula			u hold or have held, been subject	ct to
		Yes	No X				
	c.		on probation or had a rmit in any judicial, ac			national, professional, or vocationary action?	nal
		Yes	No X				
	d.	Been charge	d with, or indicted for,	any criminal offens	se(s) other than ci	vil traffic offenses?	
		Yes	No X				
	e.	Pled guilty, offenses?	or nolo contendere,	or been convicted	of, any criminal	offense(s) other than civil tra	affic
		Yes	No X				
	f.		r been pardoned, fine			d, had pronouncement of a sente criminal offense(s) other than of	
		Yes	No X				
	a	dministrative, re regulating the bu	gulatory, or disciplina	ry action, from viol securities or banking	ating any federal, ng, or from carry	rily or permanently, in any judio state law or law of another cou- ying out any particular practice	ntry
		Yes	No X				
		Been, within the inancial dispute?		party to any civi	action involving	g dishonesty, breach of trust, o	or a
	SEE	Yes EXHIBIT B	No X				

pplicant Name (Company):	Aetna Life Insurance Company		o. <u>60054</u>
		FEIN:	06-6033492
provisions of sm	nade by the Comptroller of any state or nall loan laws, banking or trust company ation lawfully made by the Comptroller of	laws, or credit ur	nion laws, or that you have violated
Yes	No X		
j. Had a lien or for	eclosure action filed against you or any en	tity while you we	re associated with that entity?
Yes	No X		
	o any question above is yes, please provi the complaint and filed adjudication or se		
See Exhibit B.			*
term "control" (inclu possession, direct or person, whether throu or non-management s office held by the pe	et to regulation by an insurance regulatory ding the terms "controlling," "controlled indirect, of the power to direct or cause agh the ownership of voting securities, by services, or otherwise, unless the power arson. Control shall be presumed to exist to vote, or holds proxies representing, ten	by" and "under the direction of contract other th is the result of ar if any person, di	common control with") means the the management and policies of a an a commercial contract for goods official position with or corporate rectly or indirectly, owns, controls,
If any of the stock is p	pledged or hypothecated in any way, give	details. <u>None.</u>	
or of record, 10% or regulatory authority, directly, or indirectly with, the person speci	mbers of your immediate family individual more of the outstanding shares of stock or its affiliates? An "affiliate" of, or perso through one or more intermediaries, contied.	of any entity su in "affiliated" wit	bject to regulation by an insurance h, a specific person, is a person that
the outstanding voting	the company or companies in which the securities. of Aetna Inc. less than 1%.	cumulative stock	holdings represent 10% or more of
If any of the shares of	stock are pledged or hypothecated in any	way, give details	(1)
None.	CONTRACTOR OF THE CONTRACTOR OF	aran n	
Have you ever been a	djudged a bankrupt?		-
Yes No [			
	X		

State of: Illinois County of: Cook

The foregoing instrument was acknowledged before me this 28 day of July 2015 by Frank M. Clark and:

who is personally known to me, or

who produced the following identification:

"OFFICIAL SEAL"
Marnie Takagi
Notary Public, State of Illinois
(V Commission Expires 6/6/2016

Printed Notary Name
6/6/20/6
My Commission Expires

Notary Public

[SEAL]

NAIC No.	60054	
FEIN:	06-6033492	

# BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

### (Print or Type)

To the	extent permitted by law,	this affidavit will b	e kept confidential	by the state insuran	ce regulatory aut	hority.
	ame, address, and telepho ed (Do Not Use Group Na		present or proposed	entity under which	this biographical	statement is bein
<u>Aetna</u>	Inc.					
151 Fa	rmington Avenue, Hartfo	rd, CT 06156				
860-27	73-0123					
1. 2.	Affiant's Full Name (In IF ANSWER IS "NON Have you ever used an	E," SO STATE.				
***	Yes No	, , , , , , , , , , , , , , , , , , , ,	ung mat middle of	last hane, mexica	ne, marden name	or anases:
	If yes, give the reason	f any, if none indic	ate such, and provid	le the full name(s)	and date(s) used.	
	nning/Ending (s) Used (MM/YY)	the last of the la	ne(s) iiddle or Last Name	Reason	(If none, indicate	such)
Note:	Dates provided in response an overlap of dates v				is form understan	d that there could
3.	Affiant's Social Securi	y Number RED	ACTED			
4.	Government Identificat	ion Number if not	u.S. Citizen Non	e		
5.	Foreign Student ID# (if	applicable) None				
6.	Date of Birth: (MM/DI State/Province REDA		D Place of E Country REI	Firth: City REDA	CTED	
7	Name of Affiant's Spor	use (if applicable)	REDACTED			
8.	List your residences for	the last ten (10) ye	ears starting with yo	ur current address,	giving:	
	ing/Ending MM/YY) Addr	ess <u>C</u>	State	e/ vince	Country	Postal Code

•	
Applicant Name (Company): Aetna Inc.	NAIC No.
	FEIN: <u>23-2229683</u>
Note: Dates provided in response to this question may be ap understand that there could be an overlap of dates who	oproximate, except for current address. Parties using this form en transitioning from one address to another.
Dated and signed this 28 day of T. 20 perjury that I am acting on my own behalf and that the foregoi and belief.	15 at Chicago 16 I hereby certify under penalty of ing statements are true and correct to the best of my knowledge 15) Frank M. Clark
Frank M. Clark	
State of: Illinois County of: Cook	
The foregoing instrument was acknowledged before me this 2	8 day of Tuly , 2015 by Frank M. Clark ,
and:  who is personally known to me, or	
who produced the following identification:	
[SEAL]	Mamie Tuhogi
"OFFICIAL SEAL"  Mamie Takagi	Notary Public Tackag,  Printed Notary Name
Notary Public, State of Illinois My Commission Expires 6/6/2016	My Commission Expires

NAIC No. 60054

FEIN: 06-6033492

#### **EXHIBIT A**

#### **RESPONSE TO ITEM 8**

#### **EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS**

Begin & End Dates	045	200000000000000000000000000000000000000	and a serie
	Offices/Position Held Chairman	Company Name, Address Chicago Public Schools 42 W. Madison Street Chicago, IL 60602	REDACTED
	Chairman and CEO, ComEd President, Commonwealth Edison Company of Indiana, Inc. President, Edison Development Canada, Inc. Executive Vice President, Exelon Corporation Chief of Staff, Exelon Corporation Senior Vice President, Exelon Energy Delivery President, ComEd President, Commonwealth Research Corporation President, Edison Development Company Senior Vice President, Exelon Corporation Executive Vice President, New IP Company ComEd Executive Vice President, Customer, Marketing & Delivery Services ComEd Senior Vice President, Customer, Marketing and Delivery Services ComEd Senior Vice President, Corporate & Government Affairs and Senior Vice President, Unicom Corporation Vice President, Governmental Affairs Manager, Governmental Affairs Western Division Commercial Manager	Commonwealth Edison Company* 440 South LaSalle Suite 3300 Chicago, IL 60605	Sunil Garg Senior Vice President, Human Resources Exelon Corporation REDACTED
	Director, Aetna Inc.	Aetna Inc. 151 Farmington Avenue Hartford, CT 06156	Judith H. Jones Corporate Secretary REDACTED
	Director, BMO Financial Corporation (formerly Harris Financial Corporation)	Harris Financial Corporation 111 West Monroe Chicago, IL 60680	Paul Reagan Corporate Secretary REDACTED
	Director, Waste Management, Inc.	Waste Management Inc. 1001 Fannin Houston, TX 77002	Linda J. Smith Corporate Secretary REDACTED

Applicant	Name	Com	pany):	Aetna	Inc.
Thhuman	1100110	(-0111	Pun. 7 /.	116.5116	Trive.

NAIC N	0	
FEIN:	23-2229683	

#### **EXHIBIT B**

#### RESPONSE TO ITEM 11.h

Aetna Inc.

Shareholder Lawsuit

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

NAIC No. 60054 FEIN: 06-6033492

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, RC61, Hartford, CT 06156 or call

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

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

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

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

Frank M. Clark	
(Printed Full Name and Residence	
Frank M. Clark	(Date)
State of: Illinous County of: Gook	
The foregoing instrument was acknowledged before me this 28 day of	Tuly , 2015 by Frank M, Clark , and.
who is personally known to me, or who produced the following identification:	
"OFFICIAL SEAL"  Mamie Takagi Notary Public, State of Illinois My Commission Expires 6/6/2016	Notary Public  Notary Public  Namie Takey,  Printed Notary Name  6/6/2016

Appl	icant Name (Company):	Aetna Inc		NAIC No.	
				FEIN: 23-22296	83
		RI	OGRAPHICAL A	FFIDAVIT	
To th	e extent nermitted by law			l by the state insurance regulator	v authority
10 4	e extent permitted by law,	uns arridavit w	15.4		y additivity.
2 0			(Print or Ty		
	name, address and telephored (Do Not Use Group N			d entity under which this biograp	hical statement is being
		151 Farmin	ngton Avenue		
		Hartford, (	T 06156		
		(860) 273			
			1.000		
herei		ddendum or sep	parate sheet if space	presentations and supply inform hereon is insufficient to answer	
1.	Affiant's Full Name (I	nitials Not Acce	eptable): First: Betsy	Middle: Zubrow Last: C	ohen
2.	a. Are you a citi	zen of the Unite	d States?		
	Yes X	No			
	b. Are you a citi	zen of any other	country?		
	Yes	No X			
	If yes, what c	ountry?			
3.	Affiant's occupation o	r profession: Exe	cutive, Strategic Adivso	or. The Bancorp Inc. & its subsidiary.	The Bancorp Bank
4.	Affiant's business add	ress: 712 Fifth	Avenue, 12 <sup>th</sup> Floor, N	ew York, NY 10019	
	Business telephone: R	EDACTED	Busine	ess Email: REDACTED	
5.	Education and training	:			
Colle	ge/University	City/St	ate	Dates Attended (MM/YY)	Degree Obtained
Bryn	Mawr College	Bryn M	awr. PA		B. A.
Gradi	ate Studies: College/Uni	versity	City/State	Dates Attended (MM/YY)	Degree Obtained
Unive	rsity of Pennsylvania Law	School	Philadelphia, PA		J. D.
Out	Toolaina, Norma	Cin./State	Date: Aug. 3	100000	Contification Obtained
		City/State	Dates Attended	Degree/	Certification Obtained
Not a	policable		- A F 63		

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

cant Na	me (Company): Aeth	a inc.	NAIC No.	
				2229683
List	of memberships in pro	fessional societies and asso	ciations:	
	Name of		Address of	Telephone Number
Socie		Contact Name	Society/Association	of Society/Association
_				
_				
Prese	ent or proposed positio	n with the Applicant Comp	any: <u>Director</u>	
office	ding present jobs, pos erships). Please list the	itions, partnerships, owner most recent first. Attach a	of an entity, administrator, man	nager, operator, directorates or ovided is insufficient. It is only
	See Exhibit A	1		
		Employer's Name:		
ess:		City:	State/Province	e:
ry:	Postal Co	ode: Phone: _	Offices/Positions	Held:
of Busin	ess:	Superv	isor/Contact:	
a.	Have you ever bee	n in a position which requi	red a fidelity bond?	
	Yes No	x		
	If any claims were	made on the bond, give de	tails:	
b.	Have you ever be revoked?	en denied an individual or	position schedule fidelity bon	nd, or had a bond canceled o
	Yes No	X		
	If yes, give details		*	
or go in the the lie	vernmental licensing a past. For any non-insi- censing authority or re- er is your Social Secu-	agency or regulatory author urance regulatory issuer, id gulatory body having juris rity Number (SSN) or emb	ity or licensing authority that yentify and provide the name, ad	ou presently hold or have held dress and telephone number of ed. If your professional license of more than five numbers that
	Presonant List inclusion office necessary:  List a or go in the the lie	List of memberships in pro  Name of Society/Association  Present or proposed position  List complete employment including present jobs, post officerships). Please list the necessary to provide telephone see Exhibit Anning/Ending (MM/YY):  Postal Conference of Business:  a. Have you ever been yes Note of Business:  a. Have you ever been yes Note of Business:  b. Have you ever been yes Note of Business:  List any professional, occup or governmental licensing a in the past. For any non-institute licensing authority or results.	List of memberships in professional societies and asso  Name of Society/Association  Contact Name  Present or proposed position with the Applicant Comp  List complete employment record for the past twent including present jobs, positions, partnerships, owner officerships). Please list the most recent first. Attach a necessary to provide telephone numbers and superviso  See Exhibit A  Ining/Ending  (MM/YY): = Employer's Name:  City: Postal Code: Phone:  of Business: Supervia.  Have you ever been in a position which required and the bond, give details:  List any professional, occupational and vocational lice or governmental licensing agency or regulatory author in the past. For any non-insurance regulatory issuer, id the licensing authority or regulatory body having jurise	List of memberships in professional societies and associations:  Name of Society/Association Contact Name Society/Association  Present or proposed position with the Applicant Company: Director  List complete employment record for the past twenty (20) years, whether compen including present jobs, positions, partnerships, owner of an entity, administrator, main officerships). Please list the most recent first. Attach additional pages if the space prenecessary to provide telephone numbers and supervisory information for the past ten (  See Exhibit A  Ining/Ending  (MM/YY): Employer's Name:  Sess: City: State/Provinc  try: Postal Code: Phone: Offices/Positions  of Business: Supervisor/Contact:  a. Have you ever been in a position which required a fidelity bond?  Yes NoX  If any claims were made on the bond, give details:  List any professional, occupational and vocational licenses (including licenses to sell sor governmental licensing agency or regulatory authority or licensing authority that y in the past. For any non-insurance regulatory issuer, identify and provide the name, ad the licensing authority requilatory body having jurisdiction over the license (s) issuer.

Applicant Name (Company)						
				FEIN: 23-2229683		
Organization/	Issuer of License	: State of Pennsylvania	Address: 5080 Ritter	Road		
City: Mechan	icsburg	State/Province: PA	Country: <u>USA</u>	Postal Code: 17055		
License Type:	Lawyer	License #:	Date Issued	(MM/YY): 7/1/2002		
Date Expired	(MM/YY): Inac	tive as of 8/28/04 R	teason for Termination: Ina	active status		
Non-Insurance	e Regulatory Pho	one Number (if known):	800-247-4724			
Organization/	Issuer of License	e:	Address:			
City:	Sta	ate/Province:	Country:	Postal Code:		
License Type		License #:	Date Issu	ued (MM/YY):		
Date Expired	(MM/YY):	Reason fo	or Termination:			
Non-Insurance	e Regulatory Pho	one Number (if known):				
	Been refused any public any public any public any public any judicial, Yes Been placed	or expunged, an affiant d an occupational, profesdministrative, or government of the control of	may respond "no" to the questional, or vocational licer mental licensing agency? or vocational license or pury, or disciplinary action?	ermit you hold or have held, been subject to		
	Yes	No X				
d.	Been charge	d with, or indicted for, as	ny criminal offense(s) othe	er than civil traffic offenses?		
e.	Pled guilty, offenses?	or nolo contendere, or	been convicted of, any	criminal offense(s) other than civil traffic		
f.	1.03	110 _ ^				

				FEIN: 23-22296	83
ad	ministrative, a	regulatory, or discip	linary action, from vie	ned, either temporarily or permolating any federal, state law or ing, or from carrying out an ties or banking?	r law of another countr
	Yes	No X	0-		
	en, within the		ers, a party to any civ	ril action involving dishonest	y, breach of trust, or
Se	Yes X e Exhibit B	No			
pre	ovisions of sn	nall loan laws, bank	king or trust company	the Federal Government that laws, or credit union laws, or f any state or the Federal Gove	r that you have violated
	Yes	No X			
j. Ha	ad a lien or for	reclosure action file	d against you or any e	ntity while you were associated	d with that entity?
	Yes	No X			
		to any question abo f the complaint and		ide details including dates, lo	cations, disposition, etc
-				and an appropriate.	
possess person, or non- office h	control" (inclusion, direct or whether thromanagement held by the power with the power	indirect, of the pough the ownership services, or otherwerson. Control shall	an insurance regulator ontrolling," "controlle ower to direct or caus of voting securities, b vise, unless the power I be presumed to exis	y authority that you control di d by" and "under common co e the direction of the manage y contract other than a common is the result of an official po the if any person, directly or incompared to the percent (10%) or more of the	ontrol with") means the ement and policies of a creial contract for goods sition with or corporate directly, owns, controls
term "c possess person, or non- office i holds w other pe	control" (inclusion, direct or whether thromanagement held by the povith the power erson.	iding the terms "co indirect, of the po- ugh the ownership services, or otherwerson. Control shall to vote, or holds pr None	an insurance regulator ontrolling," "controlle ower to direct or caus of voting securities, b vise, unless the power I be presumed to exis	y authority that you control did by" and "under common control the direction of the manage y contract other than a common is the result of an official point if any person, directly or incompercent (10%) or more of the	ontrol with") means the ement and policies of a creial contract for goods sition with or corporate directly, owns, controls
term "c possess person, or non- office I holds w other pe	control" (inclusion, direct or whether thromanagement held by the powith the power erson.  of the stock is dill you or me ecord, 10% or pory authority,	indirect, of the pough the ownership services, or otherwerson. Control shall to vote, or holds properly pledged or hypothembers of your immer more of the outstor its affiliates? Any through one or more	an insurance regulator controlling," "controlle ower to direct or caus of voting securities, brise, unless the power to be presumed to exist to exi	y authority that you control did by" and "under common control the direction of the manage y contract other than a common is the result of an official point if any person, directly or incompercent (10%) or more of the	entrol with") means the ement and policies of a creial contract for goods sition with or corporate directly, owns, controls voting securities of any control of the corporate at
term "c possess person, or non- office I holds w other pe	control" (inclusion, direct or whether thromanagement held by the povith the power erson.  of the stock is dill you or me ecord, 10% or ory authority, or indirectly	indirect, of the policy indirect, of the policy indirect, of the policy indirect, of the policy indirect, or otherwerson. Control shall to vote, or holds proposed in the policy indirect indire	an insurance regulator controlling," "controlle ower to direct or caus of voting securities, brise, unless the power to be presumed to exist to exi	y authority that you control did by" and "under common content the direction of the managery contract other than a common is the result of an official post if any person, directly or incomperent (10%) or more of the details.  ally or cumulatively subscribers of any entity subject to region "affiliated" with, a specific	entrol with") means the ement and policies of a creial contract for goods sition with or corporate directly, owns, controls voting securities of any control of the corporate at

cant Nam	ne (Company):	Aetna Inc	NAIC No FEIN:	o. 23-2229683
			FEIIV.	23-2229003
If any	of the shares o	f stock are pledged or hypothe	ecated in any way, give details	·
Have	you ever been a	idjudged a bankrupt?		
Yes	No	×		
10	A			
II yes,	, provide details			
comm		key management employee o		cer or director, trustee, investm any of the following events oc
<b>a</b> .	Been refuse licensing age		icate of authority by any regu	ulatory authority, or governmen
	Yes	No X		
b.	to any judio	cial, administrative, regulator, conservatorship, federal bar	ry, or disciplinary action (in	anceled, non-renewed, or subject scluding rehabilitation, liquidati solvency, supervision or any of
	Yes	No X		
c.			levied against it or against i	ts permit, license, or certificate y action?
	Yes X	No		
			licate and give details. When it	responding to questions (b) and departure from the entity.
and he	ealth regulatory	authorities and other state a	and federal authorities, includi	review by various state insurance ng State Attorneys General. As
and se	veral such revie	ews currently are pending, so	me of which may be resolved	y are the subject of such reviews during 2015. These reviews mans, and have in the past, and in the past, a
		ines, penalties or other sanct		
Note:		has any doubt about the accur	acy of an answer, the question	should be answered in the posit

Applicant Name (Company): Aetna Inc.	NAIC No.
	FEIN: 23-2229683
Betsy Z. Cohen	151 Betsy Z. Cohen
State of: New York County of: New	Jock .
The foregoing instrument was acknowledged before me this	- 0.00
who is personally known to me, or	
who produced the following identification:	Mi-Malana
[SEAL]	Milly Ca Shman
	Printed Notary Name
	My Commission Expires
	· · · · · · · · · · · · · · · · · · ·
	MILLY CASHMAN  Notery Public - State of New York  NO. 01 CA6230505
	Qualified in New York County My Commission Expires Nov 1, 2018

Appn	cant Name (Company).	Aetha inc	FEIN: 23-2229683		
		San La Joseph Contra			
		BIOGRAPHICAL AI Supplemental Personal			
		(Print or Type	e e e e e e e e e e e e e e e e e e e		
To the	e extent permitted by law	, this affidavit will be kept confidential	by the state insurance regulatory authority.		
	ame, address, and teleph ed (Do Not Use Group N		entity under which this biographical statement is being		
	CAST PAGE AND	Aetna Inc.			
_		151 Farmington Avenue			
_		Hartford, CT 06156 (860)273-0123			
_		(800)273-0123			
1,		Initials Not Acceptable): First: Betsy "NONE," SO STATE.	Middle: Zubrow Last: Cohen		
2.	Have you ever used a	ny other name, including first, middle o	or last name, nickname, maiden name or aliases?		
	Yes X No				
	If yes, give the reason	if any, if none indicate such, and provi	ide the full name(s) and date(s) used.		
Beginning/Ending Date(s) Used (MM/YY)		Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)		
REDACTED		REDACTED	Maiden Name		
_					
Note:	Dates provided in rest	nonse to this question may be approxim	ate. Parties using this form understand that there could		
		when transitioning from one name to a			
3.	Affiant's Social Secur	ity Number: REDACTED			
4.	Government Identifica	ation Number if not a U.S. Citizen: N/A			
5.	Foreign Student ID# (	if applicable): N/A			
6.	Date of Birth: (MM/D State/Province: RED		Birth, City: REDACTED		

Name of Affiant's Spouse (if applicable): REDACTED

7.

Applicant 1	Name (Comp	pany): Aetna Inc.		-	NAIC No	683
8. Li	st your resid	lences for the last t	en (10) years start	ing with your current	address, giving:	
Beginning/ Dates (MM		Address	City	State/ Province	Country	Postal Code
		-	-	_		
					-	
***				9	_	
State of: The foregoi who is who pro	ing instrume personally k	Bets Z. Cohen  Count  ont was acknowledge  cnown to me, or  following identifications	ty of: New Me	hold -	Mully	y Betsy Z. Cohen, and:
[SI	EAL]				Milly/C	ry Públic A Sh Man Notary Name
					My Comm	nission Expires
					MILLY CA Notary Public - S NO. 01CA Qualified in Ne	tate of New York 6230505

FEIN:

u iiic

23-2229683

#### **EXHIBIT A**

#### **RESPONSE TO ITEM 8**

**AFFIANT'S NAME** 

**Betsy Zubrow Cohen** 

**EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS** 

DATE

NAME

Strategic Advisor, The Bancorp Inc.

ADDRESS/PHONE

712 Fifth Avenue, 12th Floor

New York, NY 10019

REDACTED

Chief Executive Officer and Director, The Bancorp

Inc. and The Bancorp Bank

(served as Chairman from 2003 – 2004)

712 Fifth Avenue, 12th Floor

New York, NY 10019

REDACTED

RAIT Financial Trust (f/k/a) RAIT Investment

Trust)
Chairman and Trustee
Chief Executive Officer

2929 Arch Street, 17<sup>th</sup> Floor Philadelphia, PA 19104

REDACTED



Chairman and Director, FinancialMuse.Com Inc.

(no longer exists)

1818 Market Street Philadelphia, PA 19103

Chairman, Jefferson Bank division of Hudson

United Bancorp

1845 Walnut Street Philadelphia, PA 19103

Chairman and Chief Executive Officer, Jefferson

Bank of New Jersey (taken over by Hudson)

1317 Rte 73

Mount Laurel, NJ 08054

Chairman and Chief Executive Officer and

Director, JeffBanks, Inc.

1845 Walnut Street Philadelphia, PA 19103

Chairman and Chief Executive Officer, Jefferson

Bank

1845 Walnut Street Philadelphia, PA 19103

Director, Aetna Inc. (PA) or its predecessors

151 Farmington Avenue Hartford, CT 06156

applicant Name (Company):	Aetna Inc.	NAIC No.
		FEIN: 23-2229683

#### **EXHIBIT B**

#### **RESPONSE TO ITEM 11h**

**AFFIANT'S NAME** 

**Betsy Zubrow Cohen** 

#### **RAIT Financial Trust:**

Betsy Z. Cohen retired as Chairman of the Board and as a Trustee of RAIT Financial Trust effective December 31, 2010.

Putative Consolidated Class Action Securities Lawsuit

RAIT, certain of our executive officers and trustees and the lead underwriters involved in our public offering of common shares in January 2007 were named defendants in one or more of nine putative class action securities "lawsuits filed in August and September 2007 in the United States District Court for the Eastern District of Pennsylvania. By order dated November 17, 2007, the court consolidated these cases under the caption In re RAIT Financial Trust Securities Litigation (No. 2:07-cv-03148), and appointed a lead plaintiff and lead counsel. On January 4, 2008, lead plaintiff filed a consolidated class action complaint, or the complaint, on behalf of a putative class of purchasers of our securities between June 8, 2006 and August 3, 2007. The complaint named as defendants RAIT, eleven current and former officers and trustees of RAIT, ten underwriters who participated in certain of our securities offerings in 2007 and our independent accounting firm. The complaint alleged, among other things, that certain defendants violated Sections 11, 12(a)(2) and 15 of the Securities Act of 1933 by making materially false and misleading statements and material omissions in registration statements and prospectuses about our credit underwriting, our exposure to certain issuers through investments in debt securities, and our loan loss reserves and other financial items. The complaint further alleged that certain defendants violated Sections 10(b) and 20(a) of the Securities Exchange Act of 1934, and Rule 10b-5 thereunder, by making materially false and misleading statements and material omissions during the putative class period about our credit underwriting, our exposure to certain issuers through investments in debt securities, and our Ioan loss reserves and other financial items. The complaint sought unspecified compensatory damages, the right to rescind the purchases of securities in the public offerings, interest, and plaintiffs' reasonable costs and expenses, including attorneys' fees and expert fees.

On July 15, 2009, the defendants entered into a Stipulation and Agreement of Settlement (the "Stipulation") with the lead plaintiff for the settlement of the action. On December 10, 2009, the United States District Court for the Eastern District of Pennsylvania granted final court approval of the settlement of the action. Under the terms of the settlement, the lawsuit was dismissed with prejudice and RAIT and all the other defendants received a full release of all claims asserted against them in the lawsuit in exchange for a cash payment of \$32 million. The settlement payment is within the limits of RAIT's directors and officers liability insurance, and the settlement has been funded by RAIT's insurers. In connection with the settlement, RAIT and the other defendants have at all times denied and continue to deny wrongdoing of any kind.

#### Shareholders' Derivative Actions

On August 17, 2007, a putative shareholders' derivative action, styled Sarver v. Cohen (Civil Action No. 2:07-cv-03420), was filed in the United States District Court for the Eastern District of Pennsylvania naming RAIT, as nominal defendant, and certain of our executive officers and trustees as defendants. The complaint in this action alleged that certain of our executive officers and trustees breached their duties to RAIT in connection with the matters that are the subject of the securities litigation described above. The board of trustees established a special litigation committee to investigate the allegations made in the derivative action complaint

Applicant Name (Company):	Aetna Inc	NAIC No.
		FEIN: 23-2229683

and in shareholder demands asserting similar allegations, and to determine what action, if any, RAIT should take concerning them. On October 25, 2007, pursuant to a stipulation of the parties, the court ordered the derivative action stayed pending the completion of the special committee's investigation, subject to quarterly status reports by the special litigation committee beginning March 31, 2008. On August 22, 2008, the special litigation committee advised the court that it had completed its investigation, had found no merit to the allegations of wrongdoing asserted against RAIT's officers and trustees and concluded that prosecution of the claims asserted in the shareholders' derivative action would not serve RAIT's best interests. The special litigation committee accordingly moved on behalf of RAIT to dismiss that action.

On February 10, 2009, a putative shareholders' derivative action, styled Plank v. Cohen (No. 1288 February Term 2009), was filed in the Pennsylvania Court of Common Pleas of Philadelphia County naming RAIT, as nominal defendant, and certain of our executive officers and trustees as defendants. The complaint in this action alleged that certain of our executive officers and trustees breached their duties to RAIT in connection with the matters that are the subject of the securities litigation described above.

On April 14, 2009, RAIT entered into a Stipulation and Agreement of Settlement that provided for the settlement and dismissal of the two putative shareholder derivative actions described above. The settlement did not include the claims asserted in the putative consolidated shareholder class action securities lawsuit described above, or other direct claims of purchasers of RAIT securities. In accordance with the preliminary approval order entered by the federal court on April 21, 2009, notice of the settlement was distributed to RAIT shareholders, and the federal court held a fairness hearing on July 13, 2009. No objections to the settlement were filed or presented at the fairness hearing. On July 14, 2009, the federal court entered an order and final judgment finally approving the settlement and dismissing the federal court action with prejudice. On July 22, 2009, the state court entered an order dismissing the state court action with prejudice in light of the settlement.

The settlement provided that RAIT would adopt and implement by October 14, 2009, and maintain until October 14, 2014, certain corporate governance practices relating to board structure, trustee compensation, majority voting in the election of trustees, nomination procedures for trustees and the provision of a designated compliance officer under RAIT's code of business conduct and ethics. RAIT believes that at the time of the settlement it already complied with most of these corporate governance practices. The settlement further provided that RAIT would pay plaintiffs' counsel \$0.4 million for attorneys' fees and costs. RAIT and the other defendants made no admission of wrongdoing under the settlement and expressly denied each and every claim and allegation made against them in the derivative actions.

#### Aetna Inc. Shareholder lawsuit

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

Applicant Name (Company):	Aetna Inc.	NAIC No.
		FEIN: 23-2229683

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.:

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

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

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

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

		A control of the cont
5	Betsy Z. Cohen.  (Printed Full Name and Residence Addr	ess) / /
-5	15/ Bedsy 2, Col	
State of: New 1	County of: New York	(Date)
The foregoing instrume	ent was acknowledged before me this 29th day of Tu	2015 by <u>Betsy Z. Cohen</u> , and
who is personally	known to me, or	. 10
who produced the	following identification	
[SEAL]	MILLY CASHMAN Notary Public - State of New York NO. 01CA8230505	Notary Públic  M. J. L. Shinan  Printed Notary Name
	Qualified in New York County My Commission Expires Nov 1, 2018	My Commission Expires

Appl	icant Company Name : Aetna	Inc.		NAIC No.	23-2229	0683
		procp.			F7.455	
		BIOGRA	PHICAL AI	FIDAVIT		
To th	e extent permitted by law, this	s affidavit will be ke	pt confidential	by the state insurance	regulatory :	authority.
		- 10	(Print or Type	e)		
	name, address and telephone r red (Do Not Use Group Name		nt or proposed	entity under which thi	is biographi	ical statement is being
_		151 Farmington	Avenue			
		Hartford, CT 061	56			
		(860) 273-0123				
herei ANS	nafter set forth. (Attach adde WER IS "NO" OR "NONE,"	ndum or separate si SO STATE.	heet if space 1	nereon is insufficient t	o answer a	
I.	Affiant's Full Name (Initia	als Not Acceptable):	First: Molly	Middle: <u>Joel</u> Last: <u>C</u>	coye	
2.	a. Are you a citizen	of the United States	?			
	Yes X N	lo 🔲				
	b. Are you a citizen	of any other country	y?			
	Yes N	lo X				
	If yes, what coun	try?				
3.	Affiant's occupation or pro	ofession: Social Ent	repreneur in R	esidence		
4.	Affiant's business address					
		2-24	Dusinass Em	ail: REDACTED		
2	Business telephone: RED	ACTED	Dusiness Em	all: REDACTED		
5.	Education and training:					
Colle	ge/University	City/State		Dates Attended (MM	(YYY)	Degree Obtained
	rtment of Political Science ersity of California	Berkeley, CA		-		B.A.
Gradi	uate Studies: College/Univers	ity C	ity/State	Dates Attended (MM	VYY)	Degree Obtained
Robe	ersity of CA San Francisco	San Er	ancisco, CA			Callany
77.	ars Program	Sail FI	aicisco, CA			Fellow
	rsity of CA San Francisco rancisco General Hospital	San F	rancisco, CA			Intern

M.D.

Johns Hopkins University School of Medicine

Baltimore, MD

Applicant Company Name : Aetna Inc.				NAIC No. FEIN: 23-2229683			
					FE	IN: <u>23-2229083</u>	
	opkins University - S	School of		- 6346			ile ii
Hygiene	and Public Health		Baltimore	, MD			M.P.H.
	tudies Program/Depa I University	rtment of History	Stanford,	CA			M.A.
Mational	l Taiwan University						
	ent of History		Taipei, Ta	aiwan		(	
	20 (0 12 (0 g)		3751	7.67			
Other Ti	raining: Name	City/State	Dates	s Attended	(MM/YY)	Degree/Certif	ication Obtained
		- C-		4 25 A W 24 24 2	W. C. C. C. C.	-	
None Note:	If affiant attanded a	foreign school al	anna menuda	de full add	base and talant	one number of the col	logo/university, If
Note.		the foreign student				provided in the Biogr	
6,	List of memberships	in professional soc	ieties and	association	ıs:		
	Name of				Address of	Telephone Nu	mher
5	Society/Association	Contact N	lame		ty/Association	of Society/Asso	
Inst	itute of Medicine	Henry E. Fein	berg		Street, NW ton, DC 20001	(202) 334-2352	
-	A 37		7 23				
7.	Present or proposed	position with the A	pplicant Co	ompany: <u> </u>	Director		
	including present jol	bs, positions, partne list the most recen	erships, ow t first. Atta	vner of an ich additio	entity, administ nal pages if the	r compensated or other trator, manager, operate space provided is insu past ten (10) years	or, directorates or
Reginnir	ng/Ending						
		Empl	oyer's Nan	ne:			
Address:		City	/:		Stat	e/Province:	
Country:	Po	ostal Code:	Phon	ie:	Offices/	Positions Held:	
Type of l	Business:		Sup	ervisor/Co	ontact:		
9.	a. Have you ever been in a position which required a fidelity bond?						
	Yes	No X					
	If any claim	s were made on the	bond, give	e details:			
	b Have you e	ver been denied a	n individua	al or posit	ion schedule fi	delity bond, or had a	bond canceled or

ant Company Name : Aema Inc.	PEIN:	23-2229683
Yes No X		<u> </u>
If yes, give details:		
or governmental licensing agency or regulatory authority in the past. For any non-insurance regulatory issuer, identified the licensing authority or regulatory body having jurisdinumber is your Social Security Number (SSN) or embedare reasonably identifiable as your SSN, then write SSN	y or licensing authority that ntify and provide the name, iction over the license (s) iss is your SSN or any sequence N for that portion of the pro-	you presently hold or have held address and telephone number of sued. If your professional license e of more than five numbers that ofessional license number that is
Organization/Issuer of License: Maryland Division of Calbert Street	f Occupational & Professi	onal Licensing Address: 500 N.
altimore State/Province: Maryland Country: USA	Postal Code: 21202	
Type: Medical License #:	Date Issued (MM/Y	Y): <u>08/90</u>
xpired (MM/YY): unknown Reason for Termina	tion: Inactive	
surance Regulatory Phone Number (if known):		
zation/Issuer of License: License New Jersey State Board	of Medical Examiners Adv	dress: 140 East Front Street
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Transport of the second
		50.6247
		-
	147 W. W. W. W. B. B. D.	
		BATE STAN
		60606-7106
		1982
surance Regulatory Phone Number (if known)		
S S S S S S S S S S S S S S S S S S S	If yes, give details:  List any professional, occupational and vocational licens or governmental licensing agency or regulatory authorit in the past. For any non-insurance regulatory issuer, ider the licensing authority or regulatory body having jurisdinumber is your Social Security Number (SSN) or embed are reasonably identifiable as your SSN, then write SSI represented by your SSN. (For example, "SSN", "12-Spages if the space provided is insufficient.  Organization/Issuer of License: Maryland Division of Calbert Street  Altimore State/Province: Maryland Country: USA  Type: Medical License #:  Dired (MM/YY): unknown Reason for Termina urance Regulatory Phone Number (if known):  ation/Issuer of License: License New Jersey State Board enton State/Province: New Jersey Country  Type: Medical License #:  Type: Medical License #:  Dired (MM/YY): unknown Reason for Termina ation /Issuer of License California State Medical Board ramento State/Province California Country  Type Medical License # Indicate Country  Type Medical License American Board of Preventive Mary Country Phone Number (if known)  ation /Issuer of License American Board of Preventive Mary Country Phone Number (if known)  ation /Issuer of License American Board of Preventive Mary Country Phone Number (if known)  ation /Issuer of License American Board of Preventive Mary Country Phone Number (if known)  ation /Issuer of License American Board of Preventive Mary Preventative/Occupatinal Medicine License # Indicate	If yes, give details:  List any professional, occupational and vocational licenses (including licenses to set or governmental licensing agency or regulatory suurbority or licensing authority that in the past. For any non-insurance regulatory issuer of social Security Number (SSN) or embeds your SSN or any sequence are reasonably identifiable as your SSN, then write SSN for that portion of the prepresented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (pages if the space provided is insufficient.  Organization/Issuer of License: Maryland Division of Occupational & Professi Calbert Street  altimore State/Province: Maryland Country: USA Postal Code: 21202  Type: Medical License #: Date Issued (MM/Y): unknown Reason for Termination: Inactive  urance Regulatory Phone Number (if known):  ation/Issuer of License: License New Jersey State Board of Medical Examiners Adento State/Province: New Jersey Country: USA  Type: Medical License #: Date Issued (MM/Y): unknown Reason for Termination: Inactive  ation/Issuer of License California State Medical Board Address 1426 Hows ramento State/Province California Country USA Postal Code  Type Medical License # Date Issued (MM/YY) Date Issued (MM/YY) Unknown Reason for Termination Inactive  arance Regulatory Phone Number (if known)  ation /Issuer of License American Board of Preventive Medicine Address 330 South Cago State/Province Illinois Country USA Postal Code  Type Preventative/Occupatinal Medicine License # Date Issued (MM/YY) Direct (MM/YY) Unknown Reason for Termination Inactive  Date Issued (MM/YY) Usknown Reason for Termination Inactive  Date Issued (MM/YY) Usknown Reason for Termination Inactive  Date Issued (MM/YY) Usknown Reason for Termination Inactive

Applicant Company Name : Aet	na Inc.		NAIC N	
			FEIN:	23-2229683
	an occupational, professi ninistrative, or governme		e or per	mit by any regulatory authority, or
Yes	No X			
	pational, professional, or dministrative, regulatory,		mit you	hold or have held, been subject to
Yes	No X			
		levied against you or you istrative, regulatory, or dis		ational, professional, or vocational ry action?
Yes	No X			
d. Been charged	with, or indicted for, any	criminal offense(s) other	than civ	il traffic offenses?
Yes	No X			
e. Pled guilty, o offenses?	r nolo contendere, or b	een convicted of, any c	riminal	offense(s) other than civil traffic
Yes	No X			
	been pardoned, fined, o			l, had pronouncement of a sentence riminal offense(s) other than civil
Yes	No X			
administrative, regulating the busi	ulatory, or disciplinary ac iness of insurance, secu	tion, from violating any t	federal, m carry	rily or permanently, in any judicial, state law or law of another country ing out any particular practice or
Yes	No X			
h Been, within the la financial dispute?	ast ten (10) years, a par	rty to any civil action in	volving	dishonesty, breach of trust, or a
Yes X SEE EXHIBIT B	No			
provisions of small	loan laws, banking or t		edit uni	nment that you have violated any on laws, or that you have violated deral Government?
Yes	No X			
j. Had a lien or forecl	osure action filed against	you or any entity while y	ou were	associated with that entity?
Yes	No X			
		s, please provide details i udication or settlement as		g dates, locations, disposition, etc. riate.

See Exhibit B

plicant C	Company Name : Aetna Inc.	NAIC No.	23-2229683
per per or off	st any entity subject to regulation by an insurance "control" (including the terms "controlling," assession, direct or indirect, of the power to direct, whether through the ownership of voting so non-management services, or otherwise, unless fice held by the person. Control shall be presured with the power to vote, or holds proxies represented the person. None	" "controlled by" and "under co rect or cause the direction of the securities, by contract other than is the power is the result of an o med to exist if any person, direct	mmon control with") means the e management and policies of a a commercial contract for goods fficial position with or corporate trly or indirectly, owns, controls,
lfa	any of the stock is pledged or hypothecated in an	ny way, give details. None	
or reg dir	o [Will] you or members of your immediate fam of record, 10% or more of the outstanding sha gulatory authority, or its affiliates? An "affiliate' rectly, or indirectly through one or more interme- th, the person specified.	ares of stock of any entity subjet of, or person "affiliated" with,	ect to regulation by an insurance a specific person, is a person that
Ye	es No X		
the	yes, please identify the company or companies is outstanding voting securities. esently hold shares of Aetna Inc. less than 1%.	in which the cumulative stock ho	oldings represent 10% or more of
If a	any of the shares of stock are pledged or hypothe	ecated in any way, give details.	
Ha	ve you ever been adjudged a bankrupt?		
Ye	es No X		
Ify	yes, provide details:	_	
con	your knowledge has any company or entity nmittee member, key management employee o ile you served in such capacity?		
a.	Been refused a permit, license, or certifi- licensing agency?	cate of authority by any regula	tory authority, or governmental-
	Yes No X		
b.	Yes No X  Had its permit, license, or certificate of au to any judicial, administrative, regulator receivership, conservatorship, federal bar similar proceeding)?	ry, or disciplinary action (inclu	iding rehabilitation, liquidation,

Applicant Company Name : Aetna Inc.	NAIC No.
	FEIN: 23-2229683
	or had a fine levied against it or against its permit, license, or certificate of tinal, administrative, regulatory, or disciplinary action?
Yes X No	
	s yes, please indicate and give details. When responding to questions (b) and (c), ats within twelve (12) months after his or her departure from the entity
and health regulatory authorities and leading national managed care orga and several such reviews currently	of Aetna Inc. and its affiliates are subject to review by various state insurance d other state and federal authorities, including State Attorneys General. As a nization, Aetna Inc. and its affiliates regularly are the subject of such reviews are pending, some of which may be resolved during 2015. These reviews may f Aetna Inc. and its affiliates' business practices, and have in the past, and in the sor other sanctions.
Note: If an affiant has any doubt and an explanation provide	about the accuracy of an answer, the question should be answered in the positive ed.
	2015 at New York, New York I hereby certify my own behalf and that the foregoing statements are true and correct to the best ASI MONG J. Coye
State of: New York County	of New York
The foregoing instrument was acknowledged and:	before me this 30 day of July , 2015 by Molly J. Coye, M.D.
who is personally known to me, or	
who produced the following identification	on: Passport
[SEAL]	Printed Notary Name  Notary Public  No. 018T6249742  Control of New York County  Commission Expires Oct. 31, 2015  Printed Notary Name
	My Commission Expires

Applicant Company Name : Aetna Inc.	NAIC No.	NAIC No.	
	FEIN:	23-2229683	

# **BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information**

			(Pri	nt or Type)		
To the	extent permitte	d by law, this affic	lavit will be kept co	onfidential by the sta	te insurance regulatory au	uthority.
		nd telephone numb Group Names).	per of the present or	proposed entity un	der which this biographic	al statement is bein
			Aetna Inc.			
			151 Farmi	ngton Avenue		
			Hartford,	CT 06156		
			860-273-0	123		*
1,		I Name (Initials N WER IS "NONE,"		t: <u>Molly</u> Middle: <u>J</u>	oel Last:Coye	
2.	Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?				ne or aliases?	
	Yes X	No				
	If yes, give th	ne reason if any, if	none indicate such,	and provide the ful	l name(s) and date(s) used	1.
	ning/Ending s) Used (MM/Y	Y) Spec	<u>Name(s)</u> ify: First, Middle or L	ast Name	Reason (If none, indica	te such)
REDA	CTED					
Note:			nis question may be nsitioning from one		es using this form understa	and that there could
3.	Affiant's Soc	ial Security Numb	er: REDACTED			
4.	Government	Identification Nun	ber if not a U.S. Ci	tizen: N/A		
5.	Foreign Stude	ent ID# (if applica	ble) : <u>N/A</u>			
6.		: (MM/DD/YY) :] e: REDACTED		lace of Birth, City: 1 ountry: <b>REDACTE</b>		
7.	Name of Affi	ant's Spouse (if ap	oplicable) : N/A			
8.	List your resi	dences for the last	ten (10) years starti	ing with your curren	t address, giving:	
100	ing/Ending MM/YY)	Address	City	State/ Province	Country	Postal Code
DEDA	CTED					

		FEIN: <u>23-2229683</u>				
95	_	5			5	
Note:			question may be approximate, exce			
Dated certify the be	and signed to under penalts st of my know	Molly J. Coye (Signature of Affiant)	7	nocly J. C		
	of: New Yo	the second secon	of: New York	alex mes	- Malla I Com M.D.	
and:	regoing instri	imeni was acknowledge	d before me this 30 day of 3	019 , 2015 6	y Molly J. Coye, M.D.,	
w	ho is personal	ly known to me, or				
w	ho produced t	he following identificat	ion. Passport			
	[SEAL]		NOELSEY D. STEVERS Notery Public, State of New York No. 01 ST8249742 Constituted in New York Constitute Commission Empires Oct. \$11, 557	Printed ?	ry Public Heven S Notary Name	

NAIC No.

My Commission Expires

Applicant Company Name : Aetna Inc.

# **EXHIBIT A**

# **RESPONSE TO ITEM 8**

AFFIANT'S NAME

Molly Joel Coye, MD, MPH, MA

# EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS

Date	Title/Company	Address	
	Social Entrepreneur in Residence NEHI (Network for Excellence in Healthcare Innovation)	Unavailable	
	Chief Innovation Officer UCLA Health System	University of California, Los Angeles 757 Westwood Plaza Ronald Reagan UCLA Medical Center Los Angeles, CA 90095-7400 REDACTED	
T	President and CEO Chair CalRHIO (California Regional Health Information Organization)	522 Second Street San Francisco, CA 94107 REDACTED	
	Advisor Health Evolution Partners	One Maritime Plaza, Suite 2250 San Francisco, CA 94111 REDACTED	
	Advisor Integrated Healthcare Strategies	700 West 47th St., Suite 400 Kansas City, MO 64112 REDACTED	
	Founder and CEO Health Technology Center	522 Second Street San Francisco, CA 94107 REDACTED	
	Senior Vice President, West Coast Office The Lewin Group	3130 Fairview Park Dr., Suite 800 Falls Church, VA 22042	
	Executive Vice President, Strategic Development HealthDesk Corporation	unknown	
5	Senior Vice President, Clinical Operations Good Samaritan Health System	1000 Montauk Hwy West Islip, NY 11795-4927 REDACTED	
	Director, Department of Health Services State of California	Sacramento, CA 95852 REDACTED	

#### Directorships

Director

Aetna Inc.

151 Farmington Avenue Hartford, CT 06156

Director Prosetta Inc.

670 Fifth Street San Francisco, CA 94107

REDACTED

Chairman Director

Program for Appropriate Technology in Health (PATH) REDACTED

1455 NW Leary Way Seattle, WA 98107

#### **Academic Positions**

Professor, Clinical Faculty Department of Community Health University of California at Davis

Visiting Professor, Department of Health Services School of Public Health University of California at Los Angeles

Adjunct Associate Professor, Department of Health Policy and Management Johns Hopkins University School of Hygiene and Public Health

One Shields Avenue Davis, CA 95616 REDACTED

650 Charles E. Young Drive S. Room 16-035 Center for Health Sciences Los Angeles, CA 90095-1772

615 North Wolfe Street Baltimore, MD 21205-2179

Applicant Company Name , Aetna Inc.	NAIC No.	
	FEIN:	23-2229683

# EXHIBIT B RESPONSE TO ITEM 11.h

Aetna Inc. Shareholder lawsuit

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.:

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

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

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

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

Molly	J. Coye	
Molly J. Coye M.D. (Signature)	(Printed Full Name and Residence Address)	July 30, 2015 (Date)
State of: New York Cou	inty of: New York	
The foregoing instrument was acknowle who is personally known to me, or	edged before me this 30 day of July	, 2015 by Molly J, Coye and
who is personally known to life, or	ication: Passport	
[SEAL]	MOLSEY O. STEVENS  Mo. 01ST6249742  Qualified in New York County  Commission Expires Oct. 31, 2016	Kelony Stevens Notary Public Kelsey Stevens Printed Notary Name
	COMMISSION Express Co. 11	My Commission Expires

Applicant Company Name : Aetna Inc.	NAIC No.	A
	FEIN:	22-2229683

# **BIOGRAPHICAL AFFIDAVIT**

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

		(Print or Ty	pe)	
	name, address and telephone number of the red (Do Not Use Group Names). Roger No		ed entity under which this biograph	nical statement is being
	151 Farmi	ngton Avenue		
	Hartford,	CT 06156		
	860-273-			
hereir	nnection with the above-named entity, lafter set forth. (Attach addendum or sepa WER IS "NO" OR "NONE," SO STATE.			
1.	Affiant's Full Name (Initials Not Accep	otable): First: Roge	r Middle: Noel Last: Farah	
2.	a. Are you a citizen of the United	States?		
	Yes X No			
	b. Are you a citizen of any other	country?		
	Yes No X			
	If yes, what country?			
3.	Affiant's occupation or profession: Dire	ector, Co-CEO		
4.	Affiant's business address: Tory Burch	LLC 11 West 19th	Street, 9th Floor, New York, NY 10	011
5.	Business telephone: REDACTED Education and training:	Busin	ess Email: REDACTED	
Colle	ge/University City/Sta	<u>te</u>	Dates Attended (MM/YY)	Degree Obtained
Unive	rsity of Pennsylvania Philadelphi	a, Pennsylvania		B.S Economics
Gradu	ate Studies:College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
None				
Other	Training: Name City/State	Dates Attende	ed (MM/YY) Degree/G	Certification Obtained
None				
Note:	If affiant attended a foreign school, ple applicable, provide the foreign student Supplemental Information.			

Applica	ant Company Name: Aetr	a Inc.	NAIC No.	
			FEIN: 2	2-2229683
6.	List of memberships in	professional societies and as	sociations:	
				Tribalian Market
	Name of		Address of	Telephone Number
	Society/Association	Contact Name	Society/Association	of Society/Association
			NRF - Liberty Place	
Na	tional Retail Federation	Matt Shay	325 7th Avenue St, NW	800-673-4692
6,77			Suite 1100	217-212-1272
/			Washington, D.C. 20004	
7.	Present or proposed position with the Applicant Company: . <u>Director</u>			
8.	including present jobs, pofficerships). Please list	positions, partnerships, own the most recent first. Attack	enty (20) years, whether competer of an entity, administrator, many hadditional pages if the space prisory information for the past ten	anager, operator, directorates or rovided is insufficient. It is only
Beginni	ing/Ending			
			N	
Address	s:	City:	State/Provin	ce:
Country	/: Posta	Code: Phone	:Offices/Positions	Held:
Type of	Business:	Supe	rvisor/Contact:	
9.	a. Have you ever	been in a position which req	uired a fidelity bond?	
	Yes	No X		
	If any claims w	ere made on the bond, give	details:	
	b. Have you ever revoked?	been denied an individual	or position schedule fidelity bo	and, or had a bond canceled or
	Yes	No X		
	If yes, give deta	ils:		
10.	or governmental licensir in the past. For any non- the licensing authority o number is your Social So are reasonably identifial	insurance regulatory authinsurance regulatory issuer, regulatory body having justicurity Number (SSN) or enote as your SSN, then write N. (For example, "SSN", "	censes (including licenses to sell nority or licensing authority that identify and provide the name, a risdiction over the license (s) issumbeds your SSN or any sequence SSN for that portion of the pro- 12-SSN-345" or "1234-SSN" (li	you presently hold or have held ddress and telephone number of ted. If your professional license of more than five numbers that fessional license number that is

Applicant Company Name : Aetna Inc.						
					FEIN:	22-2229683
Organia	zatio	n/Issuer of Licens	se:	Address:		
City:		S	tate/Province:	Country:		Postal Code:
License Type: License #:		Dat	e Issued (MM/	YY):		
Date Ex	cpire	ed (MM/YY):	Reason	for Termination:		
Non-In:	surai	nce Regulatory Pl	none Number (if known)			
11.			following, if the record d or expunged, an affian			affiant has personally verified that lave you ever:
	a.		ed an occupational, profe administrative, or govern			mit by any regulatory authority, or
		Yes	No X			
	b.		cupational, professional, administrative, regulate			hold or have held, been subject to
		Yes	No X			
	c.		d on probation or had a f ermit in any judicial, add			ational, professional, or vocational ry action?
		Yes	No X			
	d.	Been charg	ed with, or indicted for,	any criminal offense(s)	other than civ	ril traffic offenses?
		Yes	No X			
	e.	Pled guilty offenses?	, or nolo contendere, o	or been convicted of,	any criminal	offense(s) other than civil traffic
		Yes	No X			
	f.		or been pardoned, fined			I, had pronouncement of a sentence riminal offense(s) other than civil
		Yes	No X			
	g.	administrative, regulating the	regulatory, or disciplinar	y action, from violatin ecurities or banking,	g any federal, or from carry	rily or permanently, in any judicial, state law or law of another country ing out any particular practice or
		Yes	No X			
	h.	Been, within the		party to any civil ac	tion involving	dishonesty, breach of trust, or a
		SEE EXHIBIT Yes X	B No			

ant Company Name : Aetna Inc.	NAIC No. <u>22-2229683</u>
provisions of small loan laws, banking or trust	by state or the Federal Government that you have violated any tompany laws, or credit union laws, or that you have violated imptroller of any state or the Federal Government?
Yes No X	
j. Had a lien or foreclosure action filed against yo	u or any entity while you were associated with that entity?
Yes No X	
If the response to any question above is yes, p Attach a copy of the complaint and filed adjudie	lease provide details including dates, locations, disposition, etc. cation or settlement as appropriate.
term "control" (including the terms "controlling," possession, direct or indirect, of the power to dire person, whether through the ownership of voting se or non-management services, or otherwise, unless office held by the person. Control shall be presum	e regulatory authority that you control directly or indirectly. The "controlled by" and "under common control with") means the ect or cause the direction of the management and policies of a curities, by contract other than a commercial contract for goods the power is the result of an official position with or corporate ed to exist if any person, directly or indirectly, owns, controls, senting, ten percent (10%) or more of the voting securities of any
None	
None  If any of the stock is pledged or hypothecated in any	way, give details. <u>None</u>
If any of the stock is pledged or hypothecated in any Do [Will] you or members of your immediate famil or of record, 10% or more of the outstanding shar regulatory authority, or its affiliates? An "affiliate"	way, give details. None  ly individually or cumulatively subscribe to or own, beneficially es of stock of any entity subject to regulation by an insurance of, or person "affiliated" with, a specific person, is a person that liaries, controls, or is controlled by, or is under common control
If any of the stock is pledged or hypothecated in any Do [Will] you or members of your immediate famil or of record, 10% or more of the outstanding shar regulatory authority, or its affiliates? An "affiliate" directly, or indirectly through one or more intermed	ly individually or cumulatively subscribe to or own, beneficially es of stock of any entity subject to regulation by an insurance of, or person "affiliated" with, a specific person, is a person that
If any of the stock is pledged or hypothecated in any  Do [Will] you or members of your immediate familior of record, 10% or more of the outstanding shar regulatory authority, or its affiliates? An "affiliate" directly, or indirectly through one or more intermed with, the person specified.  Yes No _X	ly individually or cumulatively subscribe to or own, beneficially es of stock of any entity subject to regulation by an insurance of, or person "affiliated" with, a specific person, is a person that
If any of the stock is pledged or hypothecated in any  Do [Will] you or members of your immediate familior of record, 10% or more of the outstanding shar regulatory authority, or its affiliates? An "affiliate" directly, or indirectly through one or more intermed with, the person specified.  Yes No If yes, please identify the company or companies in the outstanding voting securities.	ly individually or cumulatively subscribe to or own, beneficially es of stock of any entity subject to regulation by an insurance of, or person "affiliated" with, a specific person, is a person that liaries, controls, or is controlled by, or is under common control which the cumulative stock holdings represent 10% or more of
If any of the stock is pledged or hypothecated in any Do [Will] you or members of your immediate familiar or of record, 10% or more of the outstanding shar regulatory authority, or its affiliates? An "affiliate" directly, or indirectly through one or more intermed with, the person specified.  Yes No X  If yes, please identify the company or companies in the outstanding voting securities.  Presently hold shares of Aetna Inc. less than 1%.	ly individually or cumulatively subscribe to or own, beneficially es of stock of any entity subject to regulation by an insurance of, or person "affiliated" with, a specific person, is a person that liaries, controls, or is controlled by, or is under common control which the cumulative stock holdings represent 10% or more of
If any of the stock is pledged or hypothecated in any  Do [Will] you or members of your immediate familior of record, 10% or more of the outstanding shar regulatory authority, or its affiliates? An "affiliate" directly, or indirectly through one or more intermed with, the person specified.  Yes No X  If yes, please identify the company or companies in the outstanding voting securities.  Presently hold shares of Aetna Inc. less than 1%.	ly individually or cumulatively subscribe to or own, beneficially es of stock of any entity subject to regulation by an insurance of, or person "affiliated" with, a specific person, is a person that liaries, controls, or is controlled by, or is under common control which the cumulative stock holdings represent 10% or more of
If any of the stock is pledged or hypothecated in any  Do [Will] you or members of your immediate familior of record, 10% or more of the outstanding shar regulatory authority, or its affiliates? An "affiliate" directly, or indirectly through one or more intermed with, the person specified.  Yes No X  If yes, please identify the company or companies in the outstanding voting securities.  Presently hold shares of Aetna Inc. less than 1%.  If any of the shares of stock are pledged or hypothec.  None	ly individually or cumulatively subscribe to or own, beneficially es of stock of any entity subject to regulation by an insurance of, or person "affiliated" with, a specific person, is a person that liaries, controls, or is controlled by, or is under common control which the cumulative stock holdings represent 10% or more of

while you served in such capacity?

Applicant Con	npany Name : Aetna I	nc.	NAIC N	
			FEIN:	22-2229683
a.	Been refused a pelicensing agency?		of authority by any reg	ulatory authority, or governmental-
	Yes N	No X		
b.	to any judicial, a	administrative, regulatory, o servatorship, federal bankrup	r disciplinary action (in	canceled, non-renewed, or subjected neluding rehabilitation, liquidation, solvency, supervision or any other
	Yes N	lo X		
c.		probation or had a fine levie wil, criminal, administrative,		its permit, license, or certificate of y action?
	Yes X N	ło 🔲		
		above is yes, please indicate any events within twelve (12		responding to questions (b) and (c), departure from the entity.
leadin and se result	ng national managed c everal such reviews cu in changes or clarific may, result in fines,	are organization. Aetna Inc. aurently are pending, some of ations of Aetna Inc. and its appenalties or other sanctions.  The penalty of the accuracy of the ac	and its affiliates regularly which may be resolved ffiliates' business practic	State Attorneys General. As a vare the subject of such reviews during 2015. These reviews may es, and have in the past, and in the a should be answered in the positive
Dated and sign under penalty of my knowled	day of perjury that I am ad lige and belief  Roger N. Farah (Signature of Affian)	3 /5/	that the foregoing statem	ents are true and correct to the best
State of: NA	WYork	County of NEW Yor	-k	
		wledged before me this 30	- X 2	15 by Roger N. Farah, and:
	sonally known to me,		-	
who produ	ced the following ide	ntification: CT Drive	of License	
[SEAI	L]	JULIA IEDA Notary Public - State of No. 01E612406 Qualified in Suffolk (	County /	Notary Public Wife Deda Printed Notary Name Name Notary Name
		My Commission Expires Me	arch 21, 2017	My Commission Expires

Applicant Company Name : Aetna Inc.	NAIC No.
	FEIN: 22-2229683

# **BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information**

# (Print or Type)

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

		Aetna Inc.			
		151 Farmington Aven	ue		
_		Hartford, CT 06156			
		860-273-0123			
1.	Affiant's Full Name (Ini IF ANSWER IS "N	tials Not Acceptable): First ONE," SO STATE.	Roger Middle: No	el Last: <u>Farah</u>	
2.	Have you ever used any	other name, including first,	middle or last name	, nickname, maiden name	e or aliases?
	Yes No X				
	If yes, give the reason if	any, if none indicate such,	and provide the full	name(s) and date(s) used.	
	ning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or La	st Name	Reason (If none, indicat	e such)
Note:		nse to this question may be a		using this form understa	nd that there could
	Affiant's Social Security	Number: REDACTED			
3.	Government Identification Number if not a U.S. Citizen: None				
	Government Identification	Foreign Student ID# (if applicable): None			
4.		applicable) : None			
4. 5.		YY): REDACTED Pla	ace of Birth, City: Rountry: REDACTED		
4. 5. 6.	Foreign Student ID# (if and Date of Birth: (MM/DD/State/Province: REDAC	YY): REDACTED Pla	ountry: REDACTED		
4. 5. 6.	Foreign Student ID# (if and Date of Birth: (MM/DD/State/Province: REDAC) Name of Affiant's Spous	YY): REDACTED Pla TED Co	ountry: REDACTED		
	Foreign Student ID# (if and Date of Birth: (MM/DD/State/Province: REDAC) Name of Affiant's Spous	YYY): REDACTED Pla TED Co se (if applicable): REDAC the last ten (10) years starting	ountry: REDACTED		Postal Co

Applicant Company Name : Aetna Inc.	NAIC No.
	FEIN: <u>22-2229683</u>
	be approximate, except for current address. Parties using this form es when transitioning from one address to another.
	on my own behalf and that the foregoing statements are true and
correct to the best of my knowledge and belief.	(S/ Roger N. Farah
Roger N. Farah (Signature of Affiant)	
State of: New York County of: New	Work
The foregoing instrument was acknowledged before me the	his 30 day of July , 2015 by Roger N. Farah.
and:	
who is personally known to me, or	
who produced the following identification:	priver's License
	alling and
[SEAL]	Notary Public
	Printed Notary Name
	March 21, 2012

JULIA IEDA
Notary Public - State of New York
No. 01IE6124063
Qualified in Suffolk County
Ny Commission Expires March 21, 2017

My Commission Expires

#### **EXHIBIT A**

### **RESPONSE TO ITEM 8**

#### EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS

Dates	Position Held	Company Name and Address
7777	2-2000 3002	Contact & Phone
		Tory Burch LLC
	Co-Chief Executive Officer and Director	11 West 19th Street
		9th Floor
		New York, NY 10011
		REDACTED
	President & Chief Operating Officer	Ralph Lauren Corporation
		650 Madison Avenue
		New York, NY 10022
		Contact: Ralph Lauren
		REDACTED
	Chairman (1999)	Venator Group
	Chairman and Chief Executive	(now Foot Locker, Inc.)
	Officer	112 W. 34th St
		New York, NY 10120
	President & Chief Operating Officer (R.H.	Federated Department Stores Inc
	Macy & Company, Inc 7/94)	151 West 34th Street
	Chairman & Chief Executive Officer	New York, NY 10001
	(Federated Merchandising Services – 1991)	
	Chairman & Chief Executive Officer	
	(Rich's/Goldsmith's Department Stores	
	- 1988)	
	President (Rich's)	
Directorships		
06/2007 to Present	Director	Aetna Inc.
		151 Farmington Avenue
		Hartford, CT 06156

06/2007 to Present

Director

Aetna Inc.
151 Farmington Avenue
Hartford, CT 06156

Contact: Judith H. Jones
Corporate Secretary
REDACTED

O6/2008 to Present

Director

The Progressive Corporation
6300 Wilson Mills Road
Mayfield Village, OH 44143

Contact: Charles E. Jarrett

REDACTED

FEIN:

22-2229683

#### **EXHIBIT B**

#### RESPONSE TO ITEM 11.h

#### Ralph Lauren Corp

Excerpt from Ralph Lauren Form 10-K filed on 05/23/2013 for period ending 03/30/2013.

#### Derivative Action

On November 22, 2011, a shareholder derivative action was filed by City Pension Fund for Firefighters and Police Officers in the City of Pembroke Pines (the "Plaintiff"), an alleged shareholder purportedly acting on behalf of the Company, in the Supreme Court of the State of New York, County of New York, naming the Company, as a nominal defendant, and naming members of the Board of Directors and certain members of Company management as defendants. The complaint alleged, among other claims, breaches of fiduciary duty and waste of corporate assets by the Company's directors for permitting excessive compensation to, and alleged related party transactions with, the Company's Chairman and Chief Executive Officer and certain other executives, and unjust enrichment by these executives. The Plaintiff sought damages on behalf of the Company in an unspecified amount sustained from the alleged breaches of fiduciary duty and waste of corporate assets and sought disgorgement of excessive compensation and benefits of related party transactions. The Plaintiff also demanded it be awarded the costs and disbursements of the derivative action, including reasonable attorneys' fees. On January 12, 2012, the Company and all defendants moved to dismiss the complaint, and on June 19, 2012, the Court entered an order dismissing the action due to the Plaintiff's failure to make a pre-suit demand on the Company's Board of Directors. On July 5, 2012, the Plaintiff made a demand on the Company's Board of Directors to investigate and take action to remedy the alleged wrongdoing detailed in the complaint. On February 15, 2013, the Board of Directors unanimously agreed to refuse the demand.

#### Aetna Inc.

Shareholder Lawsuit

Silberstein, Stephen v. Aetna, Inc. Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

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

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

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

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

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

	Koget N. Farah.	
	(Printed Full Name and Residence Address)  LS / Roger N. Farah	07/30/2015
State of: New Yor	K. County of: Llew book	(Date)
The foregoing instrument	was acknowledged before me this 30 day of July	by Roger N. Farah,
and:	0	
who is personally know	wn to me, or	
who produced the follo	owing identification: CT Driver's LickyS	2
[SEAL]	JULIA IEDA Notary Public - State of New York	Julia 28 da Julia IPVe
	No. 01lE6124063 Qualified in Suffolk County My Commission Expires March 21, < 0/7	Printed Notary Name  Harch St. 2017  My Commission Expires

				FEIN	V: 23-222968	3
		B	IOGRAPHICA	L AFFIDAVIT		
To the	e extent permitted by la				reance reculators	outhority.
10 010	e extent permitted by la	w, uns amqavit v	- 3- 3/2 - 3 <del>-</del> 3/2 3/2 3		urance regulatory	authority.
5.134			(Print or		05.00.00	a de montre de la company
	ame, address and telepl red (Do Not Use Group			posed entity under wh	nich this biograph	ical statement is being
_		151 Farm	ington Avenue			
_		Hartford,	CT 06156			
		(860)273	-0123			
herein	nnection with the about the set forth. (Attach WER IS "NO" OR "NO	addendum or se NE," SO STATE	parate sheet if sp	pace hereon is insuffi	cient to answer	any question fully.) IF
1.	Affiant's Full Name	(Initials Not Acc	eptable): First: B	arbara Middle: H	ackman Last:	Franklin
2.	a. Are you a c	itizen of the Unit	ed States?			
	Yes X	No				
	b. Are you a c	itizen of any othe	er country?			
	Yes	No X				
	If yes, what	country?				
3.	Affiant's occupation	or profession: P	resident and CEO	Barbara Franklin Ent	erprises	
4.	Affiant's business ad	dress: REDAC	ГED			
	Business telephone:	REDACTED	Busines	s Email:		
5.	Education and training	ng:				
Colles	ge/University	City/S	tate	Dates Attende	d (MM/YY)	Degree Obtained
	ylvania State University	Unive	rsity Park, PA			B.A.
	ate Studies - College/U	A THE STATE OF THE	ty/State	Dates Attende	d (MM/YY)	Degree Obtained
	rd Graduate School of B		ton, MA	,		MBA
	Training: Name	City/State		nded (MM/YY)		Certification Obtained
WI	CC 33-	- In the same	Duto Alle	HANG THAT I I'	Depot	VI MICHION COMMO
NOT at	pplicable					

Supplemental Information.

FEIN: 23-2229683  6. List of memberships in professional societies and associations:    Name of	
Name of Society/Association Contact Name Society/Association of Society/Association  See Exhibit A  7. Present or proposed position with the Applicant Company: Director  8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (unincluding present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, direct officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. necessary to provide telephone numbers and supervisory information for the past ten (10) years.  See Exhibit B Beginning/Ending Dates (MM/YY): Employer's Name: Address: City: State/Province:	
See Exhibit A  7. Present or proposed position with the Applicant Company: Director  8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (unicluding present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, direct officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. necessary to provide telephone numbers and supervisory information for the past ten (10) years.  See Exhibit B  Beginning/Ending  Dates (MM/YY): Employer's Name:  Address: City: State/Province:  Country: Postal Code: Phone: Offices/Positions Held:	
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 (a including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, direct officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. necessary to provide telephone numbers and supervisory information for the past ten (10) years.  See Exhibit B  Beginning/Ending  Dates (MM/YY): Employer's Name:	
8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (a including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, direct officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. necessary to provide telephone numbers and supervisory information for the past ten (10) years.  See Exhibit B  Beginning/Ending  Dates (MM/YY): Employer's Name: State/Province: City: State/Province: Country: Postal Code: Phone: Offices/Positions Held:	_
including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, direct officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. necessary to provide telephone numbers and supervisory information for the past ten (10) years.  See Exhibit B  Beginning/Ending  Dates (MM/YY): = Employer's Name: State/Province: City: State/Province: Country: Postal Code: Phone: Offices/Positions Held:	
Beginning/Ending Dates (MM/YY): Employer's Name: Address: City: State/Province: Country:	torates o
Country: Postal Code: Phone: Offices/Positions Held:	
Country: Postal Code: Phone: Offices/Positions Held:	
Country: Postal Code: Phone: Offices/Positions Held:	
Type of Business: Supervisor/Contact:	
Yes No X  If any claims were made on the bond, give details:  b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond carevoked?  Yes No X	
If yes, give details:	
10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by a or governmental licensing agency or regulatory authority or licensing authority that you presently hold or in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone in the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your profession number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five number reasonably identifiable as your SSN, then write SSN for that portion of the professional license number represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach a pages if the space provided is insufficient.	nave held umber of al license obers that er that is
Organization/Issuer of License: Address:	
City: State/Province: Country: Postal Code:	
License Type: Date Issued (MM/YY):	
Date Expired (MM/YY): Reason for Termination:	
Non-Insurance Regulatory Phone Number (if known):	

plic	ant Na	ame (Company):	Aetna Inc	NAIC No FEIN:	23-2229683
1.	In r	esponding to the f	following, if the record has been		affiant has personally verified that
			or expunged, an affiant may re		
	a.		d an occupational, professional dministrative, or governmental		mit by any regulatory authority, or
		Yes	No X		
	b.		supational, professional, or voc administrative, regulatory, or o		hold or have held, been subject to
		Yes	No X		
	C.		on probation or had a fine leviermit in any judicial, administra		ational, professional, or vocational ry action?
		Yes	No X		
	d.	Been charge	d with, or indicted for, any crin	ninal offense(s) other than civ	il traffic offenses?
		Yes	No X		
	e.	Pled guilty, offenses?	or nolo contendere, or been	convicted of, any criminal	offense(s) other than civil traffic
		Yes	No X		
	f,		or been pardoned, fined, or pla		, had pronouncement of a sentence riminal offense(s) other than civil
		Yes	No X		
	51	administrative, re regulating the bi	gulatory, or disciplinary action	, from violating any federal, s or banking, or from carry	rily or permanently, in any judicial, state law or law of another country ing out any particular practice or
		Yes	No X		
		Been, within the financial dispute?		o any civil action involving	dishonesty, breach of trust, or a
	2:50	Yes X	No		
	i.	provisions of sm		company laws, or credit uni	nment that you have violated any on laws, or that you have violated deral Government?
		Yes	No X		
	j.	Had a lien or fore	closure action filed against you	or any entity while you were	associated with that entity?
		Yes	No X		

Appli	cant Name (Company): Aetna Inc.	NAIC NO FEIN:	23-2229683
	If the response to any question above is yes, please provide de Attach a copy of the complaint and filed adjudication or settlement	tails includir	ng dates, locations, disposition, etc.
12.	List any entity subject to regulation by an insurance regulatory auth- term "control" (including the terms "controlling," "controlled by" possession, direct or indirect, of the power to direct or cause the person, whether through the ownership of voting securities, by cont- or non-management services, or otherwise, unless the power is the office held by the person. Control shall be presumed to exist if any holds with the power to vote, or holds proxies representing, ten perce- other person. None	and "under direction of ract other the result of an y person, dir	common control with") means the the management and policies of a an a commercial contract for goods a official position with or corporate rectly or indirectly, owns, controls,
	If any of the stock is pledged or hypothecated in any way, give detail	ls. <u>Not appli</u>	cable
13.	Do [Will] you or members of your immediate family individually or or of record, 10% or more of the outstanding shares of stock of a regulatory authority, or its affiliates? An "affiliate" of, or person "affiliatetly, or indirectly through one or more intermediaries, controls, with, the person specified.	ny entity sul filiated" with	bject to regulation by an insurance h, a specific person, is a person that
	Yes No X  If yes, please identify the company or companies in which the cumu the outstanding voting securities.  Presently own less than 1% shares of Aetna Inc.	ılative stock	holdings represent 10% or more of
	If any of the shares of stock are pledged or hypothecated in any way,  Not applicable	give details.	
4.	Have you ever been adjudged a bankrupt?  Yes No X		
	If yes, provide details:		
5.	To your knowledge has any company or entity for which you w committee member, key management employee or controlling stock while you served in such capacity?	vere an offic kholder, had	er or director, trustee, investment any of the following events occur
	a. Been refused a permit, license, or certificate of authority licensing agency?	by any regu	latory authority, or governmental-
	Yes No X		

Applicant Name	(Company).	Aetna Inc	NAI	C No.	
			FEI	N:	23-2229683
b.	to any judi	cial, administrative, r , conservatorship, fed	regulatory, or disciplinary actio	n (inc	inceled, non-renewed, or subjected duding rehabilitation, liquidation, olvency, supervision or any other
	Yes	No X			
c.			l a fine levied against it or aga ministrative, regulatory, or discip		s permit, license, or certificate of action?
	Yes X	No			
			ease indicate and give details. W n twelve (12) months after his or		esponding to questions (b) and (c), eparture from the entity.
and hea leading and sev	ith regulaton national man eral such revi	y authorities and othe aged care organization ews currently are pen	na Inc. and its affiliates are subject r state and federal authorities, in n, Aetna Inc. and its affiliates reg ding, some of which may be reso	ularly olved d	g State Attorneys General. As a are the subject of such reviews
		fines, penalties or oth		octive,	, who have in the past, and in the
Note:		has any doubt about the nation provided.	ne accuracy of an answer, the que	estion	should be answered in the positive
Dated and signed under penalty of of my knowledge	this 30	day of July am acting on my own			New York. I hereby certify nts are true and correct to the best
of my knowledge	and belief.		151 Ba	ı ba	ea H. Franklin
	Barbara H. Fr	anklin			
State of: New	York	County of:	new York		
The foregoing ins			me this 30 day of July	_, 201:	5 by <u>Barbara H. Franklin</u> ,
who is person	nally known t	o me, or			
who produce	d the following	ng identification:	iver License-CT		
				K	Colores Stevens
[SEAL]			KELSEY D. STEVENS		Notary Public
			Notary Public, State of Now		Printed Notary Name
			Qualified in New York Cour Commission Expires Oct. 31,	2015 N	Ay Commission Expires

Appli	cant Name (Company): Aetna Inc.	NAIC No.			
		FEIN: 23-2229	683		
	BIOGRAPHICAL AFFII	DAVIT			
	Supplemental Personal Info				
	A CONTRACTOR OF THE CONTRACTOR				
	(Print or Type)				
To the	e extent permitted by law, this affidavit will be kept confidential by t	he state insurance regulato	ory authority.		
	name, address, and telephone number of the present or proposed enti- red (Do Not Use Group Names).	ity under which this biogra	aphical statement is being		
	Aetna Inc.				
	151 Farmington Avenue				
-	Hartford, CT 06156 (860)273-0123				
	(800/273-0123				
1,	Affiant's Full Name (Initials Not Acceptable): First: Barbara IF ANSWER IS "NONE," SO STATE.	Middle: <u>Hackman</u>	Last: Franklin		
2.	Have you ever used any other name, including first, middle or las	st name, nickname, maiden	name or aliases?		
	Yes X No				
	If yes, give the reason if any, if none indicate such, and provide the	he full name(s) and date(s)	used.		
	nning/Ending Name(s) (s) Used (MM/YY) Specify: First, Middle or Last Name	Reason (If none, i	ndicate such)		
REDA	ACTED				
Note:	Dates provided in response to this question may be approximate. be an overlap of dates when transitioning from one name to anoth		derstand that there could		
3.	Affiant's Social Security Number: REDACTED	Affiant's Social Security Number: REDACTED			
4.	Government Identification Number if not a U.S. Citizen: N/A				
5.	Foreign Student ID# (if applicable): N/A				
6.	Date of Birth: (MM/DD/YY): REDACTED Place of Birth, Country: REDACTED Country: REDACTED	City: REDACTED			
7.	Name of Affiant's Spouse (if applicable) : REDACTED				
8.	List your residences for the last ten (10) years starting with your of	current address, giving:			
Beginn	ning/Ending State/				

Dates (MM/YY)

Postal Code

Country

Address

**Province** 

City

Applicant Name (Company):	Aetna Inc	NAIC	
		FEIN	: 23-2229683
		y be approximate, except for co tes when transitioning from on	urrent address. Parties using this form e address to another.
Dated and signed this 30 hereby certify under penalty correct to the best of my know	of perjury that I am actinulated and belief.		the foregoing statements are true and
Barbara	H. Franklin	15/	Barbaraft. Franklin
State of: New York			
The foregoing instrument was	s acknowledged before me	this 30 day of July	, 2015 by <u>Barbara H.</u>
Franklin, and:			
who is personally known	to me, or		
who produced the follow	ing identification: $\mathcal{D}_{\mathcal{O}}$	ver license-CT	-
			Kelsey Stevens
[SEAL]		NOTES PUBLIC, State of New	w York
		No. 01ST6249742 Qualified in New York Co	Printed Notary Name
		Commission Expires Oct. 3	My Commission Expires

AFFIANT'S NAME: Barbara Hackman Franklin

# EXHIBIT A

#### **RESPONSE TO ITEM 6**

# **CURRENT PROFESSIONAL SOCIETIES AND ASSOCIATIONS**

Name	Address/Telephone Number
Chairman Emerita, Economic Club of New York	Empire State Building, Suite 4910 New York, NY 10118-4099 REDACTED
Director, US-China Business Council	1818 N Street, NW, Suite 200 Washington, DC 20036 REDACTED
Director, National Committee on U.SChina Relations	6 E. 43 <sup>rd</sup> Street, 24 <sup>th</sup> Floor New York, NY 10017
Chairman Emerita, National Association of Corporate Directors (NACD)	2001 Pennsylvania Avenue, NW Suite 500 Washington, DC 20006 REDACTED
Director, The Atlantic Council	1101 15 <sup>th</sup> Street, NW, 11 <sup>th</sup> Floor Washington, DC 20005 <u>REDACTED</u>
Former President and Current Member Management Executives' Society	1601 Broadway New York, NY 10019-7420 REDACTED
Member, Council on Foreign Relations	58 East 68 <sup>th</sup> Street New York, NY 10021 REDACTED
Director, Richard Nixon Foundation	18001 Yorba Linda Blvd Yorba Linda, CA 92886
Member, Committee for Economic Development (CED)	2000 L Street, NW Suite 700 Washington, DC 20036

FEIN:

23-2229683

# AFFIANT'S NAME: Barbara Hackman Franklin

# EXHIBIT B RESPONSE TO ITEM 8

# EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS

		1000000000000
DATE	NAME	ADDRESS/PHONE
	Director, Pathway Genomics	4755 Nexus Center Drive San Diego, CA 92121
	International Advisory Board, LaFarge	61 rue des Belles Feuilles, BP 40 75782 Paris 16 FRANCE REDACTED
	Trustee of three funds in the American Family of Mutual Funds of Capitol Group Companies	333 South Hope Street Los Angeles, CA 90071-1406
	President and Chief Executive Officer, Barbara Franklin Enterprises	2600 Virginia Avenue, NW, Suite 506 Washington, DC 20037 REDACTED
==	Director, Aetna Inc. (PA) or its predecessors	151 Farmington Avenue Hartford, CT 06156 860-273-0123
	Director, The Dow Chemical Company	2030 Dow Center Midland, MI 48674
	Commentator, Nightly Business Report	14901 Northeast 20 <sup>th</sup> Street North Miami, FL 33181 <u>REDACTED</u>
	Director, Medimmune, Inc.	One Medimmune Way Gaithersburg, MD 20878
2	Director, GenVec, Inc.	910 Clopper Road, Suite 220N Gaithersburg, MD 20878
	Director, Milacron, Inc.	3010 Disney Street Cincinnati, OH 45209
	Director, Watson Wyatt	Towers Watson 901 N Glebe Road, #600 Arlington, VA 22203
	Chairman, Guest Services, Inc. (serves as Director since 1995)	3055 Prosperity Avenue Fairfax, VA 22031 REDACTED
	Director, Amp, Inc.  Regional Headquarters:  1050 Westlakes Drive  Berwyn, PA 19312	TE Connectivity Ltd Rheinstrasse 20 Ch-8200 Schaffhausen, Switzerland
	Business Consultant and Lecturer	2600 Virginia Avenue, NW, Suite 506 Washington, DC 20037
-	U.S. Secretary of Commerce, U.S. Department of Commerce	14 <sup>th</sup> & Constitution Avenues, NW Washington, DC 20230

Applicant Name (Company):	Aetna Inc.	NAIC No.
		FEIN: 23-2229683

AFFIANT'S NAME: Barbara Hackman Franklin

### EXHIBIT C RESPONSE TO ITEM 11h

**Dow Chemical Company** 

I have served as a director and officer of Dow Chemical Company April 1993 to May 2012.

Excerpt from The Dow Chemical Company's Form 10-Q for quarter ending 6/30/12.

Breast Implant Matters

On May 15, 1995, Dow Corning Corporation ("Dow Corning"), in which Dow Chemical Company (the "Company") is a 50 percent shareholder, voluntarily filed for protection under Chapter 11 of the Bankruptcy Code to resolve litigation related to Dow Corning's breast implant and other silicone medical products. On June 1, 2004, Dow Corning's Joint Plan of Reorganization (the "Joint Plan") became effective and Dow Corning emerged from bankruptcy. The Joint Plan contains release and injunction provisions resolving all tort claims brought against various entities, including the Company, involving Dow Corning's breast implant and other silicone medical products.

To the extent not previously resolved in state court actions, cases involving Dow Corning's breast implant and other silicone medical products filed against the Company were transferred to the U.S. District Court for the Eastern District of Michigan (the "District Court") for resolution in the context of the Joint Plan. On October 6, 2005, all such cases then pending in the District Court against the Company were dismissed. Should cases involving Dow Corning's breast implant and other silicone medical products be filed against the Company in the future, they will be accorded similar treatment. It is the opinion of the Company's management that the possibility is remote that a resolution of all future cases will have a material adverse impact on the Company's consolidated financial statements.

From the Corporate Secretary of The Dow Chemical Company Derivative Litigation

On February 9, 2009, Michael D. Blum, in the name of and on behalf of The Dow Chemical Company (the "Company"), commenced an action in the Court of Chancery of the State of Delaware against certain officers and directors of the Company (the "Defendants") alleging, among other things, that the Defendants breached their fiduciary duty by causing the Company to enter into an Agreement and Plan of Merger for the acquisition of Rohm and Haas Company without any contingencies for failure of financing or to receive the proceeds of the formation of a 50:50 global petrochemicals joint venture with Petrochemical Industries Company (K.S.C.).

On February 12, 2009, Norman R. Meier, also in the name of and on behalf of the Company, filed a nearly identical action in the same court. The court consolidated the two actions and determined that the complaint filed by Norman Meier was the operative complaint. The relief sought in this litigation included the implementation of certain corporate governance reforms by the Company as well as monetary damages and attorneys' fees. On April 15, 2009, the Defendants filed a motion to dismiss the litigation. On January 11, 2010, the court granted Defendants' motion and dismissed all claims. The plaintiffs did not continue to pursue this litigation and the time periods for any appeals have since lapsed.

#### Aetna Inc.

Shareholder Lawsuit

Silberstein, Stephen v. Aetna, Inc., Mart T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

Applicant Name (Company):	Aetna Inc	NAIC No.
Agreement and the beginning		FEIN: 23-2229683

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.:

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

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

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

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

Barbara Hackman Fran	klin	
	Name and Residence Address)	
5	SI Barbaro H.	July 30, 2015
Barbara H. Franklin	Franko	(Date)
State of: New York County of: No	ewYork	
The foregoing instrument was acknowledged before	re me this 30 day of Jul	, 2015 by Barbara H.
Franklin, and:		
who is personally known to me, or		
who produced the following identification:	wex license - CT	
		Kelsen Stoners
[SEAL]	KELSEY D. STEVENS Notary Public, State of New York	Notary Public
	No. 01ST8249742 Qualified in New York County	Printed Notary Name
	Commission Expires Oct. 31, 8015	My Commission Expires

App	licant Co	mpany Name : Aetna Inc.		AIC N	0.
				EIN:	23-2229783
		віс	GRAPHICAL AFFIDAVIT		
To th	ne extent	permitted by law, this affidavit wil	l be kept confidential by the state	insuran	ce regulatory authority.
			(Print or Type)		
		dress and telephone number of the Not Use Group Names). <u>Aetna Inc</u>		which	this biographical statement is being
_		151 Farmi	ngton Avenue		
_		Hartford,	CT 06156		
		(860) 273-	0123		
herei	nafter se				apply information about myself as at to answer any question fully.) IF
1.	Affia	nt's Full Name (Initials Not Accep	stable): First: <u>Jeffrey</u> Middle: E	liott L	ast: Garten
2.	a.	Are you a citizen of the United	States?		
		Yes X No			
	b.	Are you a citizen of any other	country?		
		Yes No X			
		If yes, what country?			
2	A ffin	nt's accupation or profession: De	n Emeritus Vala School of Mana	vamant	

Affiant's business address: 165 Whitney Avenue, New Haven, CT 06511

Business telephone: REDACTED Business Email: REDACTED

5. Education and training:

None

College/University City/State Dates Attended (MM/YY) Degree Obtained Dartmouth College Hanover, NH Graduate Studies: College/University City/State Dates Attended (MM/YY) Degree Obtained John Hopkins University M.A. & Ph.D. Baltimore, MD Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

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

Appli	cant Co	mpany Name : Aetna	Inc.	NAIC No.	
133				FEIN: 2	3-2229683
6.	List	of memberships in pro	ofessional societies and as	sociations	
	Socie	Name of ety/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	No	ne			
7.	Prese	ent or proposed position	on with the Applicant Cor	mpany: <u>Director</u>	
8.	offic neces	ding present jobs, po- erships). Please list th	sitions, partnerships, own e most recent first. Attack	er of an entity, administrator, m	ensated or otherwise (up to and anager, operator, directorates or rovided is insufficient. It is only (10) years.
Begin Dates	ning/En (MM/Y	ding (Y):	Employer's Name	\$ <u></u>	
Addre	ss:		City:	State/Provin	ice:
Count	ry:	Postal C	ode: Phone	Offices/Position	s Held:
Туре	of Busin	ness:	Supe	ryisor/Contact:	
9.	a.	Yes N	en in a position which require o X e made on the bond, give	puired a fidelity bond?	
	b.	revoked?		or position schedule fidelity be	ond, or had a bond canceled or
		Yes N	o [X]		
10.	or go in the the li- numb are re repre-	vernmental licensing past. For any non-ins censing authority or re- per is your Social Sect easonably identifiable sented by your SSN. if the space provided	agency or regulatory authorized regulatory issuer, egulatory body having jurity Number (SSN) or en as your SSN, then write (For example, "SSN", "	identify and provide the name, a risdiction over the license (s) iss	you presently hold or have held ddress and telephone number of ued. If your professional license of more than five numbers that fessional license number that is

Appli	cant (	Company Nan	ne : Aetna Inc.		NAIC No FEIN:	23-2229783
Organ	izatio	on/Issuer of Li	icense:	Address:	PEIN.	23-2227163
City:			State/Province:			Postal Code:
			License #:			
						1.00
Non-I	nsura	nce Regulator	y Phone Number (if known):			
11.			the following, if the record he ealed or expunged, an affiant			affiant has personally verified that lave you ever:
	a.		efused an occupational, profe blic administrative, or govern			mit by any regulatory authority, or
		Yes _	No X			
	b.		y occupational, professional, licial, administrative, regulato			hold or have held, been subject to
		Yes	No X			
	c.		laced on probation or had a fit or permit in any judicial, adm			ational, professional, or vocational ry action?
		Yes	No X			
	đ.	Been cl	harged with, or indicted for, a	ny criminal offense(s	) other than civ	ril traffic offenses?
		Yes	No X			
	e.	Pled go offense		been convicted of,	any criminal	offense(s) other than civil traffic
		Yes	No X			
	f.	suspend				I, had pronouncement of a sentence riminal offense(s) other than civil
		Yes	No X			
	g.	administrati regulating t	ve, regulatory, or disciplinary	action, from violating, curities or banking,	ng any federal, or from carry	rily or permanently, in any judicial, state law or law of another country ing out any particular practice or
		Yes	No X			
	h.	Been, within		party to any civil a	ction involving	dishonesty, breach of trust, or a
		Yes X SEE EXHII				

cant C	Company Name : Aetna Inc.	NAIC N	
		FEIN:	23-2229683
i.	Had a finding made by the Comptroller of any state or the F provisions of small loan laws, banking or trust company laws, any rule or regulation lawfully made by the Comptroller of any	, or credit u	nion laws, or that you have violate
	Yes No X		
j.	Had a lien or foreclosure action filed against you or any entity v	while you we	ere associated with that entity?
	Yes No X		
	If the response to any question above is yes, please provide de Attach a copy of the complaint and filed adjudication or settlem		
per or : offi	m "control" (including the terms "controlling," "controlled by" session, direct or indirect, of the power to direct or cause the son, whether through the ownership of voting securities, by control-management services, or otherwise, unless the power is the ice held by the person. Control shall be presumed to exist if and s with the power to vote, or holds proxies representing, ten percer person.	direction of tract other the result of an ny person, di	f the management and policies of nan a commercial contract for good n official position with or corpora irectly or indirectly, owns, control
oth			
No	X		
No	X	ls. None	
No	ne	ils. <u>None</u>	
No If a Do or or reg dire	ne	or cumulative any entity su ffiliated" wit	abject to regulation by an insurance th, a specific person, is a person the
No If a Do or or reg dire	my of the stock is pledged or hypothecated in any way, give detain [Will] you or members of your immediate family individually of record, 10% or more of the outstanding shares of stock of a sulatory authority, or its affiliates? An "affiliate" of, or person "at ectly, or indirectly through one or more intermediaries, controls, the person specified.	or cumulative any entity su ffiliated" wit	abject to regulation by an insurance th, a specific person, is a person the
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No If a Do or or reg dire with Ye If y	In any of the stock is pledged or hypothecated in any way, give detain any of the stock is pledged or hypothecated in any way, give detain a stock of a stock of a stock of a sulatory authority, or its affiliates? An "affiliate" of, or person "all ectly, or indirectly through one or more intermediaries, controls, the hypothecated in any way, give detain any way, gi	or cumulative any entity su ffiliated" wit or is contro	abject to regulation by an insurance th, a specific person, is a person the lled by, or is under common control to the control
Do or	In any of the stock is pledged or hypothecated in any way, give detain any of the stock is pledged or hypothecated in any way, give detain a stock of a stock of a stock of a sulatory authority, or its affiliates? An "affiliate" of, or person "all ectly, or indirectly through one or more intermediaries, controls, the hypothecated in any way, give detain any way, gi	or cumulative any entity su ffiliated" wit or is contro	abject to regulation by an insurance th, a specific person, is a person the lled by, or is under common control to holdings represent 10% or more
Do or	In any of the stock is pledged or hypothecated in any way, give detain any of the stock is pledged or hypothecated in any way, give detain any of the stock is pledged or hypothecated in any way, give detain any of record, 10% or more of the outstanding shares of stock of a sulatory authority, or its affiliates? An "affiliate" of, or person "alectly, or indirectly through one or more intermediaries, controls, the person specified.  Solver, please identify the company or companies in which the cumpoutstanding voting securities.  Sently own shares of Aetna Inc. less than 1%.	or cumulative any entity su ffiliated" wit or is contro	abject to regulation by an insurance th, a specific person, is a person the lled by, or is under common control to holdings represent 10% or more
Do or or reg dire with Ye If y the Pre	In any of the stock is pledged or hypothecated in any way, give detain any of the stock is pledged or hypothecated in any way, give detain any of the stock is pledged or hypothecated in any way, give detain any of record, 10% or more of the outstanding shares of stock of a sulatory authority, or its affiliates? An "affiliate" of, or person "alectly, or indirectly through one or more intermediaries, controls, the person specified.  Solver, please identify the company or companies in which the cumpoutstanding voting securities.  Sently own shares of Aetna Inc. less than 1%.	or cumulative any entity su ffiliated" wit or is contro	abject to regulation by an insurance th, a specific person, is a person the lled by, or is under common control to holdings represent 10% or more
Do or or reg dire with Ye If y the Pre	In any of the stock is pledged or hypothecated in any way, give detain any of the stock is pledged or hypothecated in any way, give detain any of the stock is pledged or hypothecated in any way, give detain any way, giv	or cumulative any entity su ffiliated" wit or is contro	abject to regulation by an insurance th, a specific person, is a person the lled by, or is under common control to holdings represent 10% or more
No If a Do or reg dire with Ye If y the Pre If a No Hav	In any of the stock is pledged or hypothecated in any way, give detain any of the stock is pledged or hypothecated in any way, give detain any of the stock is pledged or hypothecated in any way, give detain any way, giv	or cumulative any entity su ffiliated" wit or is contro	abject to regulation by an insurance th, a specific person, is a person the lled by, or is under common control to holdings represent 10% or more

while you served in such capacity?

Applicant Con	mpany Name : Aetna	Inc.		NAIC No.	
				FEIN:	23-2229783
a	Been refused a licensing agency		ertificate of authority by	any regu	latory authority, or governmental-
	Yes	No X			
b.	to any judicial,	administrative, regu nservatorship, federa	ulatory, or disciplinary	action (inc	inceled, non-renewed, or subjected cluding rehabilitation, liquidation, olvency, supervision or any other
	Yes	No X			
c.			fine levied against it or histrative, regulatory, or d		s permit, license, or certificate of action?
	Yes X	No			
			e indicate and give detail welve (12) months after h		esponding to questions (b) and (c), eparture from the entity.
leadii and s result	ng national managed several such reviews t in changes or clarifi e may, result in fines	care organization. A currently are pending cations of Aetna Inc. penalties or other so any doubt about the a	etna Inc. and its affiliates s, some of which may be and its affiliates' busine anctions.	s regularly resolved de ss practice	State Attorneys General. As a are the subject of such reviews uring 2015. These reviews may s, and have in the past, and in the should be answered in the positive
under penalty	ned this 30 day of perjury that I am dge and belief. Jeffrey E. Garte		2015 at New chalf and that the foregoing	ing stateme	NewYork . I hereby certify ents are true and correct to the best
State of 1	(Signature of Affia		u York		
5544			this 30 day of July	, 201	5 by Jeffrey E. Garten, and:
	rsonally known to me			1	
who produ	uced the following id	entification: NYS	Driver License	٤	
				V.	loen stonems
[SEA	LJ		Molsky Public, State No. 015T62	OF NEW YOR	Notary Public
			Commission Expires	York County Oct 31, 20	15
					My Commission Expires

Applicant Company Name : Aetna Inc.	NAIC No.	
1460 A 10 24 12 A 1	FEIN:	23-2229683

# BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

# (Print or Type)

To the extent permitted by la	aw, this affidavit will be ke	pt confidential by the state	insurance regulatory as	uthority.
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require	ed (Do Not Use	Group Names)	O'LL SAME TOO			
			Aetna Inc.			
_			151 Farmi	ngton Avenue		
			Hartford, (	CT 06156		
			860-273-0	123		
1.			s Not Acceptable): Firs E," SO STATE.	t: Jeffrey Middle: El	liott Last: Garten	
2.	Have you eve	er used any other	er name, including first	, middle or last name,	nickname, maiden nam	e or aliases?
	Yes	No X				
	If yes, give th	ne reason if any	, if none indicate such,	and provide the full r	name(s) and date(s) used	Q.
	nning/Ending (s) Used (MM/Y	<u>(Y)</u> s	<u>Name(s)</u> pecify: First, Middle or L	ast Name	Reason (If none, indica	te such)
Note:			to this question may be transitioning from one		using this form understa	and that there could
3.	Affiant's Soc	ial Security Nu	mber: . REDACTE	2		
4.	Government	Identification N	Number if not a U.S. Ci	tizen: None		
5.	Foreign Stude	ent ID# (if appl	icable) : None			
6.		: (MM/DD/YY		lace of Birth, City: RI ountry: <u>USA</u>	EDACTED	
7.	Name of Affi	ant's Spouse (i	f applicable) : REDAC	TED		
8.	List your resi	dences for the l	last ten (10) years starti	ng with your current	address, giving:	
	ing/Ending MM/YY)	Address	City	State/ Province	Country	Postal Code

Applicant Company Name : Aetna Inc.	NAIC No. FEIN: 23-2229783
	nay be approximate, except for current address. Parties using this form dates when transitioning from one address to another.
Dated and signed this 30 day of 30 hereby certify under penalty of perjury that I am act correct to the beautiful knowledge end belief.  Jeffrey E. Garten (Signature of Affiant)	, 2015 at New York New York . I ting on my own behalf and that the foregoing statements are true and . I SI Jo Ffrey E. Goden
State of: New York County	ne this 30 day of 301, 2015 by Jeffrey E. Garten, and:
who produced the following identification:	5 Driver License
(SEAL)	Notary Public, State of New York No. 01ST8248742 Openhad in New York County Printed Notary Name Commission Expires Oct. 31, 2015
	My Commission Expires

NAIC No.

FEIN:

23-2229683

### **EXHIBIT A**

# **RESPONSE TO ITEM 8**

AFFIANT'S NAME

Jeffrey Elliott Garten

# EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS

DATE	NAME	ADDRESS/PHONE
	Dean Emeritus Yale School of Management	135 Prospect Street New Haven, CT 06511 REDACTED
C. Land	Juan Trippe Professor in the Practice of International Trade, Finance and Business, Yale University	
	Dean, Yale School of Management	135 Prospect Street New Haven, CT 06511 REDACTED
6	U.S. Undersecretary of Commerce for International Trade, U.S. Dept. of Commerce	1401 Constitution Avenue, NW Washington, DC 20230
	Professor of Finance and Economics, Graduate School of Business, Columbia University	Uris Hall, 3022 Broadway New York, NY 10027
	Managing Director, The Blackstone Group	345 Park Avenue, 31st Floor New York, NY 10154
	Director, Aetna Inc. (PA) or its predecessor	151 Farmington Avenue Hartford, CT 06156 860-273-0123
	Director, CarMax, Inc.	4212 Park Place Court Glen Allen, VA 23060 REDACTED
	Director, Credit Suisse mutual funds	466 Lexington Avenue New York, NY 10017 REDACTED

Applicant Company Name : Aetna Inc.	NAIC No.	
	FEIN:	23-2229783

#### **EXHIBIT B**

#### RESPONSE TO ITEM 11 (h)

AFFIANT'S NAME

Jeffrey Elliott Garten

Jeffrey E. Garten served as a director of Calpine Corporation from 1997 to September 2005.

Public Record Civil Court Actions: As a director on the Board of Directors of Calpine Corporation of San Jose, California, I was a defendant in two shareholder derivative complaints. One was in California State Court (Johnson v. Cartwright, et.al., Santa Clara Superior Court, No. 803872). One was in federal district court in the Northern District of California (Gordon v. Cartwright, et.al., U.S. District Court for the Northern District of California, No. C-02-3832 SBA). I was dismissed as a defendant without prejudice in both actions. In addition, I was named as one of various defendants in three class action complaints (1) filed 03/11/2003 (Hawaii Structural Ironworkers Pension Trust Fund vs. Calpine Corporation, et.al., Superior Court of the State of California, San Diego County, Case # GIC 806973 ("HSI v. Calpine"); (2) filed 04/17/03 ("Class Action Complaint for Violations of the Employee Retirement Income Security Act," filed in U.S. District Court in the Northern District of California); and (3) filed 05/19/03 ("Class Action Complaint for Violations of the Employee Retirement Income Security Act," filed in U.S. District Court in the Northern District of California." On November 18, 2003, I was dismissed as a defendant from the HSI v. Calpine action. The two ERISA class action complaints were consolidated into a single action, In re Calpine Corporation ERISA Action, No. 03-CV-1685 (SBA). On March 30, 2005, I was dismissed as defendant from the consolidated In re Calpine Corporation ERISA action with prejudice.

#### Aetna Inc.

Shareholder lawsuit

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

Applicant Company Name . Aetna Inc.	NAIC No.
	FEIN: 23-2229683

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.:

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

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

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

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

Jeffrey	E. Garten,	
140 15	Printed Full Name and Residence Address)	
Jeffrey E. Garten	1STSOFFM E. Gorpen July 30	2015 Date)
State of: New York Cour	nty of: New York	
The foregoing instrument was acknow	ledged before me this 30 day of 50 y, 2015	by Jeffrey E.
Garten, and:	,	
who is personally known to me, or		
who produced the following identifie	cation: NYS Driver License	
	STEVENS Kelsey &	teveras
[SEAL]	Modern Public, State of New York	
	Commission Expires Oct. 31, 2015	y Name
	My Commissio	n Expires

App	licant Name (Company) Aetna Inc.		NAIC No.	
			FEIN:	23-2229683
	BIOGRAPI	HICAL AFFIDA	WIT	
To th	he extent permitted by law, this affidavit will be kept	confidential by the	state insurance regulate	ory authority
	(Pr	rint or Type)		
	name, address and telephone number of the present ired (Do Not Use Group Names).	or proposed entity	under which this biogra	aphical statement is being
Aetr	na Inc.			
151	Farmington Avenue, Hartford, CT 06156			
860-	-273-0123			
	inafter set forth. (Attach addendum or separate shees SWER IS "NO" OR "NONE," SO STATE. Affiant's Full Name (Initials Not Acceptable): Fi		Middle: Michael L	
2.	a. Are you a citizen of the United States?			
	Yes X No			
	b. Are you a citizen of any other country?			
	Yes No X			
	If yes, what country?			
3.	Affiant's occupation or profession: Exec. Vice F	res., Chief Finan	cial Officer and Chief	Enterprise Risk Officer
4.	Affiant's business address: 151 Farmington Av	enue, Hartford,	CT 06156	
	Business telephone:REDACTED	Business Email:	REDACTED	
5.	Education and training:			
Colle	ege/University City/State	Date	es Attended (MM/YY)	Degree Obtained

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

None

City/ State

Boston, MA

College/University

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

Dates Attended (MM/YY)

**Bachelor of Arts** 

Degree Obtained

**Boston University** 

Graduate Studies:

None

Applicant Name (Company) Aetna Inc.		NAIC No.		
			FEIN	23-2229683
5.	List of memberships in p	rofessional societies and a	ssociations:	
F	Name of Society/Association Fellow, Society of Actuaries	<u>Contact Name</u> Laura Kibiloski, Membership	Address of Society/Association 475 North Martingale Road Suite 600, Schaumburg, IL 60173	Telephone Number of Society/Association 847-706-3500
	Member, American Academy of Actuaries	Stephanie Blanding, Membership Services Coordinator	1850 M Street NW, Suite 300, Washington, DC 20036	202-223-8196
	Present or proposed posi		mpany: Executive Vice President.	Chief Financial Officer and
<b>3.</b>	including present jobs, p officerships). Please list	ositions, partnerships, own the most recent first. Attack	venty (20) years, whether compens ner of an entity, administrator, man the additional pages if the space pro- visory information for the past ten (	nager, operator, directorates or vided is insufficient. It is only
ee l	Exhibit A			
Begir Dates	nning/Ending (MM/YY):	Employer's Nam	e:	
Addr	ess:	City:	State/Province	N
Coun	try: Postal	Code: Phone	e: Offices/Positions I	Held:
уре	of Business:	Sup-	ervisor/Contact:	
<b>.</b>	Yes	No X ere made on the bond, give		
			l or position schedule fidelity bond	d, or had a bond canceled or
	Yes	No X		
	If yes, give deta	ils: <u>N/A</u>		
0.	or governmental licensin in the past. For any non- ithe licensing authority or number is your Social Se are reasonably identifiab	g agency or regulatory aut nsurance regulatory issuer regulatory body having ju curity Number (SSN) or e le as your SSN, then write	icenses (including licenses to sell so hority or licensing authority that you identify and provide the name, add urisdiction over the license (s) issue mbeds your SSN or any sequence of a SSN for that portion of the profe	ou presently hold or have held dress and telephone number of d. If your professional license of more than five numbers that

Appli	cant Na	ame (Company) A	etna Inc.		NAIC No	
		2000000			FEIN:	23-2229683
Organ	ization	/Issuer of License		Address:		
City:		Sta	te/Province:	Country:	Postal C	Code:
Licens	se Type	e:	License #:	Date	Issued (MM/YY):	
Date I	Expired	(MM/YY):	Reason	for Termination:		
Non-I	nsuran	ce Regulatory Pho	ne Number (if known):			
11.					nged, and the affiant has e question. Have you eve	
	a.	any public ad	lministrative, or govern	essional, or vocational li mental licensing agency	icense or permit by any : /?	regulatory authority, or
	- 6	Yes	No X		Section Control	
	b.			or vocational license ory, or disciplinary action	r permit you hold or hav n?	e held, been subject to
		Yes	No X			
	c.			ine levied against you or ninistrative, regulatory,	your occupational, profe or disciplinary action?	essional, or vocational
		Yes	No X			
	d.	Been charged	with, or indicted for,	any criminal offense(s)	other than civil traffic off	enses?
		Yes	No X			
	e.	Pled guilty, offenses?	or nolo contendere, o	r been convicted of, a	ny criminal offense(s)	other than civil traffic
		Yes	No X			
	f.		r been pardoned, fined		or suspended, had prono on, for any criminal offe	
		Yes	No X			
		administrative, regulating the bu	gulatory, or disciplinary siness of insurance, se	y action, from violating	ther temporarily or perma any federal, state law or r from carrying out any banking?	law of another country
		Yes	No X			
		Been, within the financial dispute?	last ten (10) years, a	party to any civil acti	on involving dishonesty	, breach of trust, or a
		Yes X See Exhibit B	No			

pplicant Na	ame (Company) Aetna Inc.	NAIC No.	
		FEIN:	23-2229683
i.	Had a finding made by the Comptroller of any state or the provisions of small loan laws, banking or trust company la any rule or regulation lawfully made by the Comptroller of a	aws, or credit union laws, or	that you have violated
	Yes No X		
j.	Had a lien or foreclosure action filed against you or any entit	ty while you were associated	I with that entity?
	Yes No X		
	If the response to any question above is yes, please provide Attach a copy of the complaint and filed adjudication or settle		cations, disposition, etc.
	See Exhibit B		
poss pers or n office hold	any entity subject to regulation by an insurance regulatory an "control" (including the terms "controlling," "controlled lession, direct or indirect, of the power to direct or cause to son, whether through the ownership of voting securities, by con-management services, or otherwise, unless the power is ce held by the person. Control shall be presumed to exist if its with the power to vote, or holds proxies representing, ten per person. No	by" and "under common co the direction of the manage contract other than a comme the result of an official por f any person, directly or inc	ontrol with") means the ement and policies of a critical contract for goods sition with or corporate directly, owns, controls,
If an	ny of the stock is pledged or hypothecated in any way, give de	etails. <u>N/A</u>	
or o regu direc	[Will] you or members of your immediate family individuall of record, 10% or more of the outstanding shares of stock culatory authority, or its affiliates? An "affiliate" of, or person ctly, or indirectly through one or more intermediaries, control, the person specified.	of any entity subject to regular "affiliated" with, a specific	ulation by an insurance person, is a person that
Yes	No X		
	es, please identify the company or companies in which the coutstanding voting securities.	umulative stock holdings re	present 10% or more of
33.7	ny of the shares of stock are pledged or hypothecated in any w	way, give details.	
Non Have	e you ever been adjudged a bankrupt?		
Yes			
If ye	es, provide details: <u>N/A</u>		
com	your knowledge has any company or entity for which you mittee member, key management employee or controlling s le you served in such capacity?		
a.	Been refused a permit, license, or certificate of author licensing agency?	rity by any regulatory author	ority, or governmental-
	Yes No X		

Applicant Name	e (Company) Aetna Inc.	NAIC No.	
		FEIN:	23-2229683
b,	Had its permit, license, or certificate of authority s to any judicial, administrative, regulatory, or di receivership, conservatorship, federal bankruptcy similar proceeding)?	sciplinary action (including rel	nabilitation, liquidation,
	Yes No X		
c.	Been placed on probation or had a fine levied as authority in any civil, criminal, administrative, regular		icense, or certificate of
	Yes No X		
	unswer to any of the above is yes, please indicate and should also include any events within twelve (12) mo		
Note:	If an affiant has any doubt about the accuracy of an and an explanation provided.	answer, the question should be	answered in the positive
	d this 27 day of July, 2015 at Hartfo	e and correct to the best of my ki	
	Shawn M. Guertin	aun M. Guertin	
State of: Conne	ecticut County of: Hartford		
The foregoing in	nstrument was acknowledged before me this 27 day	of July, 2015 by Shawn	M. Guertin, and:
who is perso	onally known to me, or		
who produc	ed the following identification:		
		hand	SS Surine
[SEAL	I	Notar	y Public
		JEANGA	PES SIRRINE
		My Commi	ission Expires

FEIN:

23-2229683

AFFIANT'S NAME: Shawn M. Guertin

### Exhibit A

# Response to Item 8

# **EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS**

Begin & End Dates	Position Held	Company Name and Address	Contact & Phone
	Executive Vice President, Chief Financial Officer and Chief Enterprise Risk Officer	Aetna Inc. and Aetna Life Insurance Company	Mark T. Bertolini 860-273-0123
	Senior Vice President, Chief Financial Officer and Chief Enterprise Risk Officer	Aetna Inc. and Aetna Life Insurance Company	Mark T. Bertolini 860-273-0123
	Director Vice President, Head of Business Finance	Aetna Life Insurance Company 151 Farmington Avenue Hartford, CT 06156	Joseph M. Zubretsky 860-273-0123
-	Self – employed Consultant	N/A	N/A
	Executive Vice President & CFO Senior Vice President & Chief	Coventry Health Care 6720-B Rockledge Drive Suite 700	Allen Wise 301-581-0600 Dale Wolf
	Actuary	Bethesda, MD 20817	REDACTED
	Vice President	United Healthcare 185 Asylum Street Hartford, CT 06103	N/A
	Vice President	Travelers One Tower Square Hartford, CT 06183	N/A

Applicant Name (Company) Aetna Inc.	NAIC No.	
	FEIN	23-2229683

#### AFFIANT'S NAME: Shawn M. Guertin

#### **Exhibit B**

#### Response to Item 11h

#### Coventry Health Care Inc.

I served as officer of Coventry Health Care Inc. from 1998 to 2009, named as a defendant in the following cases.

Excerpt from Coventry Health Care, Inc's Form 10-K for year ending 12/31/12; Filed on 2/27/2013.

On September 3, 2009, a shareholder filed a putative securities class action against the Company and three of its current and former officers in the U.S. District Court for the District of Maryland. Subsequent to the filing of the complaint, three other shareholders and/or investor groups filed motions with the court for appointment as lead plaintiff and approval of selection of lead and liaison counsel. By agreement, the four shareholders submitted a stipulation to the court regarding appointment of lead plaintiff and approval of selection of lead and liaison counsel. In December 2009, the court approved the stipulation and ordered the lead plaintiff to file a consolidated and amended complaint. The purported class period was February 9, 2007 to October 22, 2008. The consolidated and amended complaint alleges that the Company's public statements contained false, misleading and incomplete information regarding the Company's profitability, particularly with respect to the profit margins for its Medicare Advantage Private-Fee-For-Service products. The Company filed a motion to dismiss the complaint. By Order, dated March 31, 2011, the court granted in part, and denied in part, the Company's motion to dismiss the complaint. The Company filed a motion for reconsideration with respect to that part of the court's March 31, 2011 Order which denied the Company's motion to dismiss the complaint. The motion for reconsideration was denied but the court did rule that the class period was further restricted to April 25, 2008 to June 18, 2008. As a result of a court ordered mediation, the Company has entered into a settlement agreement with counsel for the plaintiffs and the class. The parties will be submitting a formal written settlement agreement to the court for preliminary approval. These lawsuits are a covered claim under the Company's Directors and Officers Liability Policy ("D&O Policy"), and therefore, after exhaustion of the Company's self-insured retention of \$2.5 million, the settlement amount will be fully funded and paid under the D&O Policy. The Company has accrued an immaterial settlement amount in "accounts payable and other accrued liabilities" and an associated recovery amount from the D&O Policy in "other receivables, net" in the accompanying balance sheet.

On October 13, 2009, two former employees and participants in the Coventry Health Care Retirement Savings Plan filed a putative ERISA class action lawsuit against the Company and several of its current and former officers, directors and employees in the U.S. District Court for the District of Maryland. Plaintiffs allege that defendants breached their fiduciary duties under ERISA by offering and maintaining Company stock in the Plan after it allegedly became imprudent to do so and by allegedly failing to provide complete and accurate information about the Company's financial condition to plan participants in SEC filings and public statements. Three similar actions by different plaintiffs were later filed in the same court and were consolidated on December 9, 2009. An amended consolidated complaint has been filed. The Company filed a motion to dismiss the complaint. By Order, dated March 31, 2011, the court denied the Company's motion to dismiss the amended complaint. The Company filed a motion for reconsideration of the court's March 31, 2011 Order and filed an Alternative Motion to Certify the Court's March 31, 2011 Order For Interlocutory Appeal to the Fourth Circuit Court of Appeals. Both of those motions were denied. The Company will vigorously defend against the allegations in the consolidated lawsuit. The Company believes this lawsuit will not have a material adverse effect on its financial position or results of operations.

Both of these matters were settled after February 27, 2013.

NAIC No.	
FEIN:	23-2229683

# BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

## (Print or Type)

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

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

Aetn	a Inc					
Acti	o me.				*	
151 F	Farmington Avenu	ue				
Hartf	ford, CT 06156	Phone: 860-	273-0123			
1.		ume (Initials No R IS "NONE,"	ot Acceptable): First SO STATE.	: Shawn Middl	e: <u>Michael</u> Last:	Guertin
2.	Have you ever us	sed any other na	ame, including first	, middle or last name,	nickname, maiden nam	e or aliases?
	Yes	No X				
	If yes, give the re	eason if any, if	none indicate such,	and provide the full r	name(s) and date(s) used	
	ning/Ending s) Used (MM/YY)	Casal	Name(s) fv: First, Middle or L	an Name	Reason (If none, indica	te such)
Daici	3) 03.4 (14114) 1 1 )	DIA.	IV. I IISE MIGGIE OF D	asi reality		
Note:			is question may be sitioning from one		using this form understa	nd that there could
3.	Affiant's Social	Security Numb	r: REDACTED			
4.	Government Iden	ntification Num	ber if not a U.S. Ci	tizen: N/A		
5.	Foreign Student	ID# (if applicat	ole) :_N/A			
6.	Date of Birth: (M State/Province F			ace of Birth: City RI	EDACTED	
7.	Name of Affiant	s Spouse (if ap	plicable) REDAC	ГED		
8.	List your residen	ces for the last	ten (10) years starti	ng with your current	address, giving:	
Beginn	ing/Ending			State/		
Dates (	MM/YY)	Address	City	Province	Country	Postal Code

Applica	ant Name (Company) Aetna Inc.	NAIC No. FEIN:	23-2229683
Note:	Dates provided in response to this question may be apprunderstand that there could be an overlap of dates when		
	and signed this 27 day of July, 2015 at Ha		
- 5	Shawn M. Gueffin	Shawn M. Gooth	w.
State of	Connecticut County of: Hartford		
	egoing instrument was acknowledged before me this 27	day of July, 2015 by Shawn I	M. Guertin, and:
wh	o is personally known to me, or		
wh	o produced the following identification:		
		Seanut	US Sirine
	[SEAL]	Notary	Public
		JEANE W	SI SIRRING

Applicant Name (Company) Aetna Inc.	NAIC No.	
41	FEIN:	23-2229683
DISCLOSURE AND AUTHORIZATION CONCERNIN	G RACKGROUND REPORTS	

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.:

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

Shawn Michael Guertin.

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

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

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

		Name and Residence Ad	40.000	21001-
Shawn M. (	Guertin	- Islshaun M	1. Geortin	(Date)
State of: <b>Connecticut</b> Cour	ty of: Hartford			
The foregoing instrument wa	acknowledged before	me this <u>27</u> day of <u>July.</u>	2015 by Shawr	n M. Guertin, and:
who is personally known	to me, or			
who produced the follow	ing identification:			
			leanet	tos Surine
[SEAL]				ary Public FTE S. SIRRINE
			Pri#A	TH BEALTH BYREADEC ION EXPTRES DEC. 31, 2019
			My Com	mission Expires

	licant Company Name : Aetna	Inc.	NAIC No FEIN: 23-22296	83
		BIOGRAPHIC	CAL AFFIDAVIT	
Tot	he extent permitted by law, thi	s affidavit will be kept cor	fidential by the state insurance regulatory	authority.
		(Prin	or Type)	
	name, address and telephone ired (Do Not Use Group Name		proposed entity under which this biograph	hical statement is being
-		151 Farmington Avenu	e	
_		Hartford, CT 06156		
		(860) 273-0123		
1.	WER IS "NO" OR "NONE,"  Affiant's Full Name (Initiation)		Ellen Middle: Marie Last: Hancock	
2.		of the United States?		
2.	Yes X 1  b. Are you a citizer	of any other country?		
2.	Yes X 1  b. Are you a citizer  Yes X 1	No of any other country? No try? <u>Ireland</u>		
3.	Yes X 1  b. Are you a citizer  Yes X 1  If yes, what cour	of any other country?  No  try? Ireland  ofession: Executive		
3.	Yes X 1  b. Are you a citizer  Yes X 1  If yes, what cour  Affiant's occupation or pro-	of any other country?  No  try? Ireland  ofession: Executive  :: REDACTED	Business Email: REDACTED	
3. 4.	Yes X 1  b. Are you a citizer  Yes X 1  If yes, what cour  Affiant's occupation or property of the second s	of any other country?  No  try? Ireland  ofession: Executive  :: REDACTED	Business Email: REDACTED	
3. 4.	b. Are you a citizer  Yes X 1  If yes, what cour  Affiant's occupation or pr  Affiant's business address  Business telephone: None	of any other country?  No  try? Ireland  ofession: Executive  :: REDACTED	Business Email: REDACTED  Dates Attended (MM/YY)	Degree Obtained

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

Dates Attended (MM/YY)

City/State

New York, NY

City/State

Dates Attended (MM/YY)

Degree Obtained

Degree/Certification Obtained

Graduate Studies: College/University

Fordham University

Other Training: Name

None

Applie	cant Company Name :	Aetna Inc.		_ NAIC No FEIN: 23	-2229683
	Tint of many banking				
6		s in professional societies a	nd associations:		
	Name of Society/Association	Contact Name		Address of ciety/Association	Telephone Number of Society/Association
		Contact Hains	35	Cicty/Association	of Society/Association
	See Exhibit A				
7.	Present or proposed	position with the Applican	Company: Dire	ctor	
8.	including present jo officerships). Pleas	obs, positions, partnerships,	owner of an en	tity, administrator, ma pages if the space pr	nsated or otherwise (up to and unager, operator, directorates or ovided is insufficient. It is only (10) years.
	See Exhibit B				
	ning/Ending	- Employer's 1	Name:		
	A 10 5				ee:
		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			Held:
Туре	of Business:		Supervisor/Cont	act:	
		ever been denied an indivi		A COLOR AND A CO	nd, or had a bond canceled or
10.	List any professional or governmental lice in the past. For any the licensing author number is your Socare reasonably identification in the professional statement of the professional sta	al, occupational and vocation ensing agency or regulatory non-insurance regulatory is ity or regulatory body havin ial Security Number (SSN) tifiable as your SSN, then	authority or lic suer, identify and ag jurisdiction of or embeds your write SSN for the	ensing authority that y d provide the name, ac ver the license (s) issu SSN or any sequence at portion of the prof	securities) issued by any public you presently hold or have held iddress and telephone number of ed. If your professional license of more than five numbers that essional license number that is st 6 digits)). Attach additional
Organi	ization/Issuer of Licen	se:	Address:		
City:	S	tate/Province:	Country:		Postal Code:
Licens	е Туре:	License #:		Date Issued (MM/YY)	):
Date E	xpired (MM/YY):	Reason for	Termination:		
		hone Number (if known):			

pplic	ant C	ompany Name : Aetna Inc. NAIC No. FEIN: 23-2229683
11,		responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
	a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
		Yes No X
	b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  SEE EXHIBIT E  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 X
	g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
		Yes No X
	h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
		Yes X No See Exhibit C
	i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
		Yes No X
	j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
		See Exhibit D Yes X No

Appli	cant Company Name : Aetna Inc. NAIC No.
	FEIN: <u>23-2229683</u>
	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 Exhibits
12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None
	If any of the stock is pledged or hypothecated in any way, give details. None
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 X
	If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.  Presently own shares of Aetna Inc. less than 1%
	If any of the shares of stock are pledged or hypothecated in any way, give details.
	None
14.	Have you ever been adjudged a bankrupt?
	Yes No X
	If yes, provide details:
15.	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
	Yes No X
	b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
	Yes X No See Exhibit D

and an explanation provided.  Dated and signed this day of 2015  under penalty of perjury that I am acting on my own behalf and the of my knowledge and belief.	and give details. When responding to questions (b) and (c) months after his or her departure from the entity.  filiates are subject to review by various state insurance I authorities, including State Attorneys General. As a dist affiliates regularly are the subject of such reviews hich may be resolved during 2015. These reviews may iates' business practices, and have in the past, and in the an answer, the question should be answered in the positive at Park 1 hereby certificates.
any civil, criminal, administrative, regulatory, or  Yes X No  If the answer to any of the above is yes, please indicate a affiant should also include any events within twelve (12) r  Current and past business practices of Aetna Inc. and its at and health regulatory authorities and other state and federa leading national managed care organization, Aetna Inc. and and several such reviews currently are pending, some of w result in changes or clarifications of Aetna Inc. and its affi future may, result in fines, penalties or other sanctions.  Note: If an affiant has any doubt about the accuracy of and an explanation provided.  ted and signed this 3 day of 4 2015 der penalty of perjury that I am acting on the own behalf and the my knowledge and belief.  Ellen M. Hancock (Signature of Affiant)	and give details. When responding to questions (b) and (c) nonths after his or her departure from the entity.  filiates are subject to review by various state insurance I authorities, including State Attorneys General. As a dist affiliates regularly are the subject of such reviews hich may be resolved during 2015. These reviews may iates' business practices, and have in the past, and in the an answer, the question should be answered in the positive at the foregoing statements are true and correct to the best are true and correct to the true are true and correct to the true are true and correct to the true are true ar
If the answer to any of the above is yes, please indicate a affiant should also include any events within twelve (12) of the contract of the c	filiates are subject to review by various state insurance authorities, including State Attorneys General. As a distantificates regularly are the subject of such reviews hich may be resolved during 2015. These reviews may iates' business practices, and have in the past, and in the unanswer, the question should be answered in the positive at the foregoing statements are true and correct to the best of the foregoing statements are true and correct to the best of the foregoing statements are true and correct to the best of the foregoing statements are true and correct to the best of the foregoing statements are true and correct to the best of the foregoing statements.
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and health regulatory authorities and other state and federal leading national managed care organization. Aetha Inc. and and several such reviews currently are pending, some of we result in changes or clarifications of Aetha Inc. and its affit future may, result in fines, penalties or other sanctions.  Note: If an affiant has any doubt about the accuracy of and an explanation provided.  Ited and signed this	l authorities, including State Attorneys General. As a dist affiliates regularly are the subject of such reviews hich may be resolved during 2015. These reviews may iates' business practices, and have in the past, and in the un answer, the question should be answered in the positive at the foregoing stafements are true and correct to the best the foregoing stafements are true and correct to the best true and correct true and corr
future may, result in fines, penalties or other sanctions.  Note: If an affiant has any doubt about the accuracy of and an explanation provided.  Ited and signed this	at Libertife and correct to the best
and an explanation provided.  ed and signed this 3 day of 1 2015 ler penalty of perjury that I am acting on riny own behalf and the my knowledge and belief.  Ellen M. Hancock (Signature of Affiant)  ce of: County of: Fairfi	at Polyter I hereby certiful the foregoing stafements are true and correct to the best
Ellen M. Hancock (Signature of Affiant)  County of: Fairfi	t the foregoing statements are true and correct to the bes
Ellen M. Hancock (Signature of Affiant)  County of: Fairfi	t the foregoing statements are true and correct to the be
-04	
-04	261
who is personally known to me, or	,
who produced the following identification:	
mino processes and tomorning reasonables.	n top
[SEAL]	Notary Public
	Mathew Konn

Applicant Company Name : Aetna Inc.	NAIC No.
	FEIN: 23-2229683

# BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

			(Prin	t or Type)		
To the	extent permitte	ed by law, this affic	lavit will be kept co	nfidential by the sta	te insurance regulatory au	thority.
	And the second s	nd telephone numb Group Names).	er of the present or	proposed entity und	der which this biographic	al statement is being
	<b>Ju</b> (201101 23	oroup manes).	Aetna Inc.			
			151 Farmin	igton Avenue		
_			Hartford, (	CT 06156		
_			860-273-0	123		
1.		ll Name (Initials No WER IS "NONE,"	ot Acceptable); First SO STATE	: <u>Ellen</u> Middle: <u>Ma</u>	rie Last: <u>Hancock</u>	
2.	Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?				e or aliases?	
	Yes X No					
	If yes, give t	he reason if any, if	none indicate such,	and provide the full	name(s) and date(s) used	l.
	nning/Ending (s) Used (MM/	YY) Spec	Name(s) ify: First, Middle or L	ast Name	Reason (If none, indica	te such)
REDA	CTED					
Note:			nis question may be nsitioning from one		s using this form understa	and that there could
3.	Affiant's So	cial Security Numb	er: REDACTED			
4.	Government Identification Number if not a U.S. Citizen: None					
5.	Foreign Student ID# (if applicable) : None					
6.	Date of Birth State/Province	n: (MM/DD/YY) · _ ce: <u>REDACTED</u>		ace of Birth, City: Fountry: REDACTE		
7.	Name of Aff	iant's Spouse (if ap	plicable) : REDAC	TED		
8.	List your res	idences for the last	ten (10) years starti	ng with your curren	t address, giving:	
	ning/Ending (MM/YY)	Address	City	State/ Province	Country	Postal Code
DEDA	CTED					

The state of the s	
Applicant Company Name : Aetna Inc.	NAIC No.
	FEIN: 23-2229683
	ay be approximate, except for current address. Parties using this form ates when transitioning from one address to another.
	The second secon
Dated and signed this 3th day of augus	
correct to the best of my knowledge and belief.	ng on my own behalf and that the foregoing statements are true and
sometiment of the desired of the second	(5) Ellen M. Hancol
Ellen M. Hancock	
(Signature of Affiant)	
. M	6 . 1-1
State of: County of: 100	THE COL
The foregoing instrument was acknowledged before me	e this 3 day of August, 2015 by Ellen M.
Hancock, and:	0
who is personally known to me, or	
who produced the following identification:	L Dr
	en Ato
	Mulls
[SEAL]	My Notary Public D
	Printed Notary Name &
	0.toher 7 701
	My Commission Expires

FEIN: 23-2229683

### **EXHIBIT A**

### **RESPONSE TO ITEM 6**

AFFIANT'S NAME

Ellen M. Hancock

## CURRENT PROFESSIONAL SOCIETIES AND ASSOCIATIONS

Council on Foreign Relations 1779 Massachusetts Avenue Washington, D.C. 20036 REDACTED

Pacific Council 3520 Trousdale Parkway, SOS B-15 Los Angeles, CA 90089 REDACTED

RAND Infrastructure, Safety, and Environment Advisory Board 1776 Main Street Santa Monica, California 90407 REDACTED

FEIN: 23-2229683

# **EXHIBIT B**

### **RESPONSE TO ITEM 8**

AFFIANT'S NAME

Ellen M. Hancock

EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS

DATE	NAME	ADDRESS/PHONE
	Jazz Technologies, Inc. (predecessor Acquicor Technology, Inc.) President President & Chief Operating Officer	4321 Jamboree Road Newport Beach, CA 92660-3007 REDACTED
言	Exodus Communications, Inc. Chairman Chief Executive Officer Director President	4650 Old Ironside Drive Santa Clara, CA 95054
	Executive Vice President for Research and Development and Chief Technology Officer, Apple Computer Inc.	One Infinite Loop Cupertino, CA 95014
	Executive Vice President and Chief Operating Officer, National Semiconductor Corporation	2900 Semiconductor Drive Santa Clara, CA 95052
	International Business Machines Corporation Senior Vice President and Group Executive Senior Vice President Senior Vice President and General Manager, Networking Systems	1 New Orchard Road Armonk, NY 10504
	Director, Aetna Inc. (PA) or its predecessors	151 Farmington Avenue Hartford, CT 06156 860-273-0123
	Director, Colgate-Palmolive Company	300 Park Avenue New York, NY 10022 REDACTED

Applicant Company Name : Aetna Inc.	NAIC No.
	FEIN: 23-2229683

#### **EXHIBIT C**

AFFIANT'S NAME: Ellen M. Hancock

#### **Exodus Communications. Inc.**

I served as a director and officer of Exodus Communications, Inc. from 1998 to 2001.

On and after July 12, 2001, several actions were filed in the United States District Court for the Northern District of California (the "Court") as securities class actions on behalf of investors who acquired Exodus Communications, Inc. securities. The cases were assigned to the Honorable Maxine M. Chesney. These actions were consolidated for all purposes by an order filed October 29, 2001. On July 11, 2002, plaintiffs filed a First Amended Consolidated Class Action Complaint ("FAC") alleging violations of Sections 10(b) and 20(a) of the Securities Exchange Act of 1934, and Rule 10b-5 promulgated thereunder, as well as Sections 11 and 15 of the Securities Act of 1933. This purported class action was brought on behalf of purchasers of securities of Exodus Communications, Inc. ("Exodus") between April 20, 2000 and September 25, 2001 against certain former officers and directors of Exodus, including me, R. Marshall Case, Sam S. Mohamad, Dick Stoltz, Herbert A. Dollahite, Adam W. Wegner, Beverly Brown, and William Yeack (the "Individual Defendants"). The suit also named as defendants Exodus' underwriters: Goldman, Sachs & Co., Merrill Lynch & Co., Morgan Stanley Dean Witter, and J.P. Morgan (the "Underwriter Defendants").

On August 19, 2003, the Court entered an order granting the defendants' motions to dismiss the FAC, with leave to amend. On October 20, 2003, plaintiffs filed a Second Amended Consolidated Class Action Complaint ("SAC"). On January 15, 2004, after the Court granted their motion to amend the SAC, plaintiffs filed their Third Amended Consolidated Class Action Complaint ("TAC"). The TAC alleges the same causes of action against the same defendants, and alleges the same class period. In April of 2005 the Court granted leave to plaintiffs to amend the complaint to attach an affidavit purporting to explain the document previously attached to the complaint as Exhibit B. Plaintiffs filed a Corrected Third Amended Consolidated Class Action Complaint ("CTAC") on April 29, 2005. The CTAC was virtually identical to the TAC, with the addition of the aforementioned affidavit. On August 5, 2005, the Court found that the new complaint failed to state any claim against me, and failed to state any fraud-based claims against the Underwriter Defendants. The Court did permit plaintiffs' Section 11 claim against the Underwriter Defendants because it found that plaintiffs had alleged a non-fraudulent basis for liability under Section 11. The Court reconsidered its prior order on September 12, 2005, and held that plaintiffs had also pled a non-fraudulent basis for liability under Section 11 against me. I filed an answer the CTAC denying liability.

The Court subsequently dismissed all five of the original named class representatives, leaving the case without any named plaintiffs. Two new individuals filed motions seeking to intervene. After these motions were denied the District Court dismissed the entire action.

Plaintiffs and the proposed intervenors appealed to the Ninth Circuit Court of Appeals. At the suggestion of the Court of Appeals, while the appeal was pending, the parties engaged in mediation before a retired federal judge. The mediation resulted in a settlement agreement, pursuant to which the defendants agreed to pay \$5 million in settlement of all claims. The consideration was paid in part by Exodus's D&O carrier on behalf of the Individual Defendants and in part by the Underwriter Defendants. The Court of Appeals remanded the case to the District Court to consider whether to approve the settlement. On October 31, 2008, the District Court gave final approval to the settlement and entered a Final Judgment and Order of Dismissal with Prejudice, pursuant to which all claims against me were dismissed with prejudice.

Applicant Company Name : Aetna Inc.	NAIC No.	
.,	FEIN: <u>23-2229683</u>	

AFFIANT'S NAME: Ellen M. Hancock

# **EXHIBIT C (Continued)**

#### WatchGuard Technologies, Inc.

I served as a director of WatchGuard Technologies, Inc. from April 2003 to May 2006.

A shareholder derivative suit was filed in superior court of the state of Washington, King County on May 9, 2005 against WatchGuard Technologies, Inc. ("WatchGuard" or "the Company"), each of its current directors, including me, and the then-current CFO of the Company. The complaint asserts claims for breach of fiduciary duty, abuse of control, gross mismanagement, waste of corporate assets and unjust enrichment that purportedly occurred between March 28, 2001 and the filing of the suit. On June 9, 2004, a second derivative complaint was filed against several current and former directors and officers of the Company, including me, in the United States District Court for the Western District of Washington. This second suit is virtually identical to the first action.

While the shareholder derivative actions are separate from several now-consolidated federal securities class actions filed against WatchGuard and certain directors (excluding myself), they are purportedly based on the same factual issues as the federal securities cases. I have not been named a party to the consolidated federal securities case. Both derivative actions are stayed until after the resolution of WatchGuard's motions to dismiss the federal securities case.

The lawsuits that involved me have now settled.

#### Electronic Data Systems Corporation ("EDS")

I served as a director of EDS from February 16, 2004 until August 25, 2008

On May 12, 2008, the Wall Street Journal reported the existence of a business combination transaction between EDS and Hewlett-Packard Company ("HP"). On May 13, 2008, EDS announced that EDS and HP had signed a definitive agreement under which HP will purchase EDS at a price of \$25.00 per share, or an enterprise value of approximately \$13.9 billion ("transaction"). Subsequent to that announcement, EDS and its directors were named in five lawsuits attacking the HP transaction, all of which were class actions. The filed litigation included three suits in Texas state court, one suit in Texas federal court and one suit in Delaware state court.

Three class action suits were filed by shareholders against EDS and its current directors in Collin County, Texas. On June 26, 2008 an order was entered consolidating all three actions. The plaintiffs alleged that the directors (including Ellen Hancock) breached their fiduciary duties to shareholders by failing to obtain adequate consideration for the sale of EDS to HP and by failing to accept any competing bids for the purchase of EDS. The plaintiffs sought to enjoin the transaction unless and until EDS and its directors obtain better terms for the shareholders.

One class action suit was filed by a shareholder against EDS and its current directors in Delaware. The allegations and relief sought were virtually identical to the actions filed in Collin County.

Applicant Company Name : Aetna Inc.	NAIC No.
The state of the s	FEIN: 23-2229683

AFFIANT'S NAME: Ellen M. Hancock

## **EXHIBIT C (Continued)**

One class action suit was filed by a shareholder against EDS and its current directors in the U.S. District Court for the Eastern District of Texas. The allegations and relief sought were virtually identical to the actions filed in Collin County.

On July 25, 2008 the parties executed a memorandum of understanding to settle all cases described above. Final approval of the settlement was granted on December 18, 2008 by the court in Collin County, Texas. Final judgment was issued in the Collin County court on December 23, 2008. The parties to the Delaware action filed a stipulation of dismissal in the Delaware proceeding which was granted on December 30, 2008. The parties filed a stipulation of dismissal in the federal proceeding on December 23, 2008. The federal court dismissed the federal action on January 13, 2009.

#### Aetna Inc.

Shareholder Lawsuit

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

#### **EXHIBIT D**

On September 26, 2001, Exodus Communications, Inc. ("Exodus"), and seven of its affiliates (collectively, the "Debtors") filed voluntary petitions in the United States Bankruptcy Court for the District of Delaware seeking bankruptcy protection pursuant to chapter 11 of title 11 of the United States Code (the "Bankruptcy Code"). From September 26, 2001 until June 19, 2002, Debtors operated their businesses and managed their properties as debtors-in-possession pursuant to §§ 1107 and 1108 of the Bankruptcy Code. On June 5, 2002, the bankruptcy court entered an order confirming Debtors' Second Amended Joint Plan of Reorganization. On June 19, 2002, the effective date of Debtors' plan of reorganization, control of the remaining assets and liabilities of Exodus passed to Richard Williamson as Plan Administrator of EXDS, Inc.

#### **EXHIBIT E**

On January 20, 2002, I was charged under a violation of California Vehicle Code 23152(b) in San Joaquin County California. I pled nolo contendere to the charge, resulting in a sentence of probation, temporary restricted driving privileges, a monetary fine and community service. The probation period ended after 5 years with no additional incidents occurring during that time (the probation period became informal in September of 2004).

FEIN:

23-2229683

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.:

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

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

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

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

Ellen M. Hancock	
(Printed Full Name and Residence Ad	dress)
(Signature)	ncock 8/3/2015.
State of: CI County of: Fairfield	
The foregoing instrument was acknowledged before me this 3 day of	f August, 2015 by Ellen M.
Hancock, and:	0
who is personally known to me, or	
who produced the following identification	-n ++R
[SEAL]	Notary Public Bunn Printed Notary Name
	Daward 0/10/14

Applicant Company Name : Aetna Inc.	NAIC No.	
Applican company Name . Actuality.	FEIN: 22-222968	3
BIOGRAPHICAL AI	FIDAVIT	
To the extent permitted by law, this affidavit will be kept confidential	by the state insurance regulatory	authority_
(Print or Type	e)	
Full name, address and telephone number of the present or proposed required (Do Not Use Group Names). <u>Aetna Inc</u>	entity under which this biograph	nical statement is being
151 Farmington Avenue		
Hartford, CT 06156		
860-273-0123		
ANSWER IS "NO" OR "NONE," SO STATE.  1. Affiant's Full Name (Initials Not Acceptable): First: Richard  2. a. Are you a citizen of the United States?  Yes X No   b. Are you a citizen of any other country?  Yes No X  If yes, what country?		<u>a</u>
<ol> <li>Affiant's occupation or profession: <u>Chairman and General Page</u></li> </ol>	AND DESCRIPTION OF AUGUST	
4. Affiant's business address: The Cue Ball Group. I Faneuil Seasons Business telephone: REDACTED Business Em	quare, Suite 700, Boston, MA 02 ail: REDACTED	109
5. Education and training.		
College/University City/State	Dates Attended (MM/YY)	Degree Obtained
University of Rhode Island Kingston, Rhode Island		B.SAccounting
Graduate Studies: College/University City/State  None	Dates Attended (MM/YY)	Degree Obtained
Other Training: Name City/State Dates Attended	(MM/YY) Degree/0	Certification Obtained

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

Applicant C	ompany Name : Aetna	Inc.		FEIN: 22	2-2229683
6. Lis	t of memberships in pro	ofessional societies and	associations:		
Soc	Name of ciety/Association	Contact Name		ddress of ty/Association	Telephone Number of Society/Association
N	one				
7. Pre	sent or proposed positi	on with the Applicant C	Company: Directo		
inc	luding present jobs, po icerships). Please list th	sitions, partnerships, ov	wner of an entity, ach additional pa	administrator, mages if the space pr	nsated or otherwise (up to and anager, operator, directorates or rovided is insufficient. It is only (10) years.
SEE EXHI	BIT A				
Beginning/E Dates (MM	inding (YY):	Employer's Na	me:		
Address:		City:		State/Provin	ce:
Country:	Postal C	Code: Pho	ne:	Offices/Positions	Held:
Type of Bus	iness:	Su	pervisor/Contact:		
b.	If any claims wer	e made on the bond, give		A 0.51	ond, or had a bond canceled or
	revoked?  Yes N	o X			
	If yes, give detail	s:			
or g in t the num are rep pag	governmental licensing the past. For any non-in licensing authority or a licensing authority or a licensing authority or a licensing authority or a reasonably identifiable resented by your SSN. es if the space provided	agency or regulatory assurance regulatory issue egulatory body having urity Number (SSN) or as your SSN, then wr (For example, "SSN", I is insufficient.	uthority or licens er, identify and pr jurisdiction over embeds your SSI ite SSN for that p	ing authority that rovide the name, a the license (s) issi N or any sequence portion of the pro	securities) issued by any public you presently hold or have held ddress and telephone number of ued. If your professional license of more than five numbers that fessional license number that is ast 6 digits)). Attach additional
	rtified Public Accounta	S. 5.75 Au	roza r A	Mar or	Texts
Organization	/Issuer of License: State	te of Massachusetts	Address: Ter	Park Plaza, Suite	To the King of the latest the second
City: Boston	State/Pr	ovince: MA	Country: US	Δ	Postal Code: 02116
License Typ	e: CPA	License #	Dat	e Issued (MM/YY	): <u>08/76</u>

Applic	ant C	ompany Name : Aetna Inc.		NAIC N	o. 22-2229683
Date E	хріге	d (MM/YY): 06/30/92	Reason for Termin	nation no longer practice	
Non-Ir	suran	ce Regulatory Phone Numb	er (if known): unknown		
11.		esponding to the following, record was sealed or expun			e affiant has personally verified that Have you ever:
	a.		pational, professional, o ive, or governmental lic		ermit by any regulatory authority, or
		Yes No 2	x		
	b.		, professional, or vocati ative, regulatory, or dis		u hold or have held, been subject to
		Yes No 2	x		
	c.			against you or your occup e, regulatory, or disciplina	pational, professional, or vocational ary action?
		Yes No 2	x		
	d.	Been charged with, or	indicted for, any crimin	al offense(s) other than ci	vil traffic offenses?
		Yes No 2	x		
	e.	Pled guilty, or nolo offenses?	contendere, or been co	nvicted of, any crimina	offense(s) other than civil traffic
		Yes No 2	x		
	f.				ed, had pronouncement of a sentence criminal offense(s) other than civil
		Yes No 2	X		
	g.	administrative, regulatory,	or disciplinary action, finsurance, securities	rom violating any federal or banking, or from carr	arily or permanently, in any judicial, , state law or law of another country ying out any particular practice or
		Yes No 2	ĸ.		
	h.	Been, within the last ten financial dispute?	(10) years, a party to	any civil action involvin	g dishonesty, breach of trust, or a
		Yes X No See Exhibit B			
	i.		ws, banking or trust co	mpany laws, or credit un	ernment that you have violated any tion laws, or that you have violated rederal Government?
		Yes No 3			

Applica	Company Name : Aetna Inc. NAIC No.
2000	FEIN: <u>22-2229683</u>
	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
12.	ist any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The erm "control" (including the terms "controlling," "controlled by" and "under common control with") means the ossession, direct or indirect, of the power to direct or cause the direction of the management and policies of a erson, whether through the ownership of voting securities, by contract other than a commercial contract for goods a non-management services, or otherwise, unless the power is the result of an official position with or corporate ffice held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, olds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any ther person. None
	any of the stock is pledged or hypothecated in any way, give details. None
13.	to [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 egulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that rectly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control ith, the person specified.
	yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of e outstanding voting securities.  resently hold shares of Aetna Inc. less than 1%
	any of the shares of stock are pledged or hypothecated in any way, give details.
	one
4.	ave you ever been adjudged a bankrupt?
	es No X
	yes, provide details:
-	by your knowledge has any company or entity for which you were an officer or director, trustee, investment ommittee member, key management employee or controlling stockholder, had any of the following events occur hile you served in such capacity?
- 0	Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
	Yes No X
	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,

Applicant Com	pany Name : Aetna Inc. NAIC No.
	FEIN: <u>22-2229683</u>
	receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
	Yes No X
c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
	Yes X No
	answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), should also include any events within twelve (12) months after his or her departure from the entity.
Curren	t and past business practices of Aetna Inc. and its affiliates are subject to review by various state insurance
and he leading and se result i	alth regulatory authorities and other state and federal authorities, including State Attorneys General. As a mational managed care organization, Aetha Inc. and its affiliates regularly are the subject of such reviews weral such reviews currently are pending, some of which may be resolved during 2015. These reviews may in changes or clarifications of Aetha Inc. and its affiliates' business practices, and have in the past, and in the
tuture	may, result in fines, penalties or other sanctions.
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.
under penalty o of my knowledg	d this 30 day of Tuly 2015 at UY, MY. I hereby certify f perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best cand belief
	(Signature of Affiant)
	•
State of:	44 County of: 44
The foregoing in	strument was acknowledged before me this 30day of July, 2015 by Richard J. Harrington,
and:	Stument was acknowledged before the this Ocaay of Jay 1, 2013 by Nichard 9. Harrington
who is perso	onally known to me, or
who produc	ed the following identification: US Passport
	a on orda
[SEAL]	Notary Public
	JULIA WIDA JULIA IROGA
	Notary Public - State of New York Printed Notary Name
	No. 01(E012408)
	Qualified in Suffolk County  My Commission Expires March 21, 0//>

Applicant Company Name : Aetna Inc.	NAIC No.		
	FEIN: 22-2229683		

# **BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information**

			1	Print or Type)		
To the	extent permitte	d by law, this a	ffidavit will be ke	ot confidential by the state	e insurance regulatory au	uthority.
	ame, address, a ed (Do Not Use			nt or proposed entity und	er which this biographic	al statement is bein
			Aetna Inc.			
			151 Farmington	Avenue		
			Hartford, CT 06	156		
_		-	860-273-0123			
i.			s Not Acceptable): E," SO STATE.	First: Richard Middle: Jo	oseph Last: Harrington	
2.	Have you eve	er used any other	er name, including	first, middle or last name	, nickname, maiden nam	ne or aliases?
	Yes	No X				
	If yes, give th	ne reason if any	, if none indicate s	uch, and provide the full	name(s) and date(s) used	1.
	nning/Ending (s) Used (MM/Y	Y) s	Name(s) pecify: First, Middle		Reason (If none, indica	ate such)
Note:				y be approximate. Parties one name to another.	using this form understa	and that there could
3.	Affiant's Soc	ial Security Nu	mber: REDACTE	D		
4.	Government	Identification N	lumber if not a U.S	S. Citizen: None		
5.	Foreign Stude	ent ID# (if appl	icable) : None			
6.		: (MM/DD/YY e: <u>REDACTE</u>	: REDACTED	Place of Birth, City: R Country: USA	EDACTED	
7.	Name of Affi	ant's Spouse (i	f applicable) : <u>RE</u> I	DACTED		
8.	List your resi	dences for the l	ast ten (10) years	starting with your current	address, giving:	
	ing/Ending MM/YY)	Address	City	State/ Province	Country	Postal Code

Applic	ant Company Name : Aetr	na Inc.	A	NAIC No.	
				FEIN: 22-2229	0683
Note:	Dates provided in respo understand that there co				s. Parties using this form unother.
Dated	and signed this 30d	ay of July	, 2015 at	MY, MY	·1
	certify under penalty of to the best of my knowled Richard J. H (Signature o	a rington	-	f and that the foregoin	
State o	f: UY	County of:	4		
The for	regoing instrument was ac	knowledged before m	e this <u>30</u> day of _	Tely , 2015	by Richard J.
	gton, and:				
wh	no is personally known to	me, or			
wh	no produced the following	identification: <u>U</u>	8 Passpor	7	
	[SEAL]			Julia Printed Hara	tary Public  I Notary Name  Ch O1, 2017  mission Expires

JULIA IEDA
Notary Public - State of New York
No. 01IE6124063
Quelified in Suffolk County
My Commission Expires March 21,

FEIN:

22-2229683

# **EXHIBIT A**

# **RESPONSE TO ITEM 8**

EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS

Begin & End Dates	Position Held	Company Name and Address	Phone
	Chairman, General Partner	The Cue Ball Group 1 Faneuil Hall Square Suite 700 Boston, MA 02109	REDACTED
	Chairman	Knovel Corporation 489 Fifth Avenue, 9th Floor New York, NY 10017	REDACTED
	Chairman, Thomson Reuters Foundation	Thomson Reuters 1 Station Place, 8 <sup>th</sup> Fl. Stamford, CT 06902	REDACTED
	President, CEO and Director	The Thomson Corporation 1 Station Place, 8th Fl. Stamford, CT 06902	REDACTED
	President/CEO	Thomson Newspapers 1 Station Place, 6 <sup>th</sup> Fl. Stamford, CT 06902	
	Executive Vice President	The Thomson Corporation 1 Station Place, 6 <sup>th</sup> Fl. Stamford, CT 06902	
-	President/CEO	Thomson Professional Publishing 1 Station Place Stamford, CT 06902	
Directorships			
	Director	Aetna Inc. 151 Farmington Avenue Hartford, CT 06156	860-273-0123
	Director	Xerox Corporation 45 Glover Ave., 6 <sup>th</sup> Fl. Norwalk, CT 06856	REDACTED

Applicant Company Name : Aetna Inc.	NAIC No.		
	FEIN: 22-2229683		

#### **EXHIBIT B**

#### **RESPONSE TO ITEM 11(b)**

Aetna Inc.

Shareholder Lawsuit

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

Applicant Company Name : Aetna Inc.	NAIC No.		
	FEIN: 22-2229683		

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

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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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.:

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

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

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

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

Richa	rd J. Harrington	
/(Signaturo	SI Aichard & Day	
State of: 14	County of:	
The foregoing instrument was Harrington, and:	s acknowledged before me this $30$ day of $30$	, 2015 by Richard J.
who is personally known to	o me, or	
who produced the followin	ig identification: US Passport	0.00
[SEAL]	JULIA IEDA  Notary Public - State of New York  No. 01/E612406S  Qualified in Suffolk County  My Commission Expires March 21, 99/7	Notary Public Tulia TPVa  Printed Notary Name  March 21, 2017  My Commission Expires
		Davidged 9/19/14

Applicant Company Name :	Aetna Inc.	NAIC No.		
		FEIN: 23-2229683		

# **BIOGRAPHICAL AFFIDAVIT**

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

			(Print or T	ype)			
		telephone number of the Group Names)			ich this biograph	nical statement is being	
Aetna	a Inc. (Tel.: 860	.273.0123)					
151 F	armington Aven	ue					
Harti	ford, CT 06156						
herein	nafter set forth. (A	e above-named entity, I Attach addendum or separ 8 "NONE," SO STATE.					
1,	Affiant's Full	Name (Initials Not Accept	able): First: Ju	dith Middle:_	Helen La	st: Jones	
2.	a. Are y	ou a citizen of the United	States?				
	Yes X No						
	b. Are you a citizen of any other country?						
	Yes [	No X					
	If yes	, what country?					
3.	Affiant's occu	pation or profession: Cor	porate Lawyer				
4.	Affiant's business address: 151 Farmington Avenue, Hartford, CT 06156						
	Business telep	hone: REDACTED	Busin	ness Email: RED	ACTED		
5.	Education and	training:					
Colleg	ge/University	City/State	È	Dates Attended	(MM/YY)	Degree Obtained	
Provi	dence College	Provide	nce, RI			B.S.	
Gradu	ate Studies	College/University	City/State	Dates Attended	(MM/YY)	Degree Obtained	
Weste	ern New England	University School of La	w Springs	ield, MA		J.D.	
Other	Training: Name	City/State	Dates Attend	ed (MM/YY)	Degree/0	Certification Obtained	
None						_	
Note:		ded a foreign school, plea wide the foreign student l Information.					

Applicant Company Name : Aetna Inc.			NAIC No.		
			FEIN: 23-2229683		
6.	List of memberships in profes	sional societies and association	ciations:		
	Name of		Address of	Telephone Number	
	Society/Association	Contact Name	Society/Association	of Society/Association	
		313	321 N. Clark Street,	N. 656 (15)	
A	merican Bar Assoc.	N/A	Chicago, IL	312.988.5000	
	ociety of Corporate Secretaries Governance Professionals	. &	240 West 35 <sup>th</sup> Street, Suite 400, New York, NY 10001	212.681.2000	
7.	Present or proposed position w	vith the Applicant Comp	any:Vice President and Corpor	rate Secretary	
	including present jobs, position officerships). Please list the mannecessary to provide telephone ming/Ending	ons, partnerships, owner ost recent first. Attach a c numbers and supervisor	y (20) years, whether compens of an entity, administrator, man dditional pages if the space pro- ry information for the past ten (1	ager, operator, directorates or vided is insufficient. It is only	
Dates	(MM/YY) En	ployers' Name Aetna Ir	ic.		
Addre	ss 151 Farmington Avenue		City Hartford	State/ProvinceCT	
Count	ry U.S.A. Postal Code 06156	Phone REDACTED Of	fices/Positions Held Vice Presi	ident and Corporate Secretary	
	and the second of the second o				
Type (	of Business: Insurance		Supervisor/Contact: William J.	Casazza	
Begin	ning/Ending				
Dates	(MM/YY) E	mployers' Name Aetna	nc.		
Addre	ss 151 Farmington Avenue		City Hartford	State/ProvinceCT	
Count	ry U.S.A. Postal Code 06156	Phone 860-273-0123 Of	fices/Positions Held Counsel		
	cn.	Car Carried Carlot	6 6		
	of Business: Insurance visor / Contact Michele G. Ko	etin	Supervisor/Contact:		
Super	Visor / ContactWildrens G. No	ouii			
Begins	ning/Ending				
		oloyers' Name Aetna Inc	0,		
Addre	ss 151 Farmington Avenue		City Hartford	State/Province CT	
nuui C.	SS 1311 aminigton Avenue	CONTRACTOR OF	City Haitioid	State/FlovinceC1_	
	ry <u>U.S.A.</u> Postal Code <u>06156</u> Insurance	Phone <u>860-273-0123</u> Of	fices/Positions Held Attorney	- Corporate Section	
_	ning/Ending (MM/YY) Emp	oloyers' Name Aetna Inc	)		
Addres	ss 185 Asylum Street		CityHartford	State/ProvinceCT	
	y U.S.A. Postal Code 06156 F of Business: Insurance a. Have you ever been in	Phone <u>860-273-0123</u> Off		- Rotation Program	
	Yes No	Hillian Dangerson in	de a maria <del>à</del> Nounte		
	If any claims were me	de on the bond, give det	ails N/A		
	If any claims were ma	de on the bond, give det	ails: N/A		

Applicant (	Company Name:	Aetna Inc.	NAIC No.	
			FEIN:	23-2229683
Ъ.	Have you e revoked?	ver been denied an individual	or position schedule fidelity	bond, or had a bond canceled or
	Yes	No X		
	If yes, give	details: N/A		
or in th nu ar re	r governmental lice the past. For any n e licensing authorit amber is your Socia re reasonably identi presented by your	nsing agency or regulatory auth con-insurance regulatory issuer, by or regulatory body having jural Security Number (SSN) or en infiable as your SSN, then write	ority or licensing authority the identify and provide the name, isdiction over the license (s) is abeds your SSN or any sequen SSN for that portion of the pro-	ell securities) issued by any public at you presently hold or have held address and telephone number of ssued. If your professional license ce of more than five numbers that rofessional license number that is (last 6 digits)). Attach additional
La:	w License - Conne	ecticut Bar se Connecticut Bar Association	on Address 30 Rani	Street, P.O. Box 350
City New	v Britain	State/Province CT	Country U.S.A.	Postal Code06050
License Ty	pe Attorney	License	Date Issued (MI	M/YY) 11/86
Date Expin	ed (MM/YY) Rene	ewed annually Reason for Te	rmination Not terminated -	annual renewal
Non-insura	nce Regulatory Pho	one Number (if known)	860-223-4400	
	e record was sealed Been refuse	or expunged, an affiant may re	spond "no" to the question. Ha , or vocational license or perm	offiant has personally verified that tive you ever: hit by any regulatory authority, or
	Yes	No X	mensing agency:	
b.		cupational, professional, or voc administrative, regulatory, or d		hold or have held, been subject to
	Yes	No X		
c.		on probation or had a fine leviermit in any judicial, administrat		ional, professional, or vocational action?
	Yes	No X		
d.	Been charge	d with, or indicted for, any crim	ninal offense(s) other than civil	traffic offenses?
	Yes	No X		
e.	Pled guilty, offenses?	or nolo contendere, or been	convicted of, any criminal of	ffense(s) other than civil traffic
	Yes	No X		
f.		or been pardoned, fined, or pla		had pronouncement of a sentence iminal offense(s) other than civil
	Yes	No X		

ADDII	cant	ompany Name: Actua Inc.	NAIC NO.
			FEIN: <u>23-2229683</u>
	g.	administrative, regulatory, or disciplinary action, f	or enjoined, either temporarily or permanently, in any judicial, from violating any federal, state law or law of another country or banking, or from carrying out any particular practice or e, securities or banking?
		Yes No X	
3.	h.	Been, within the last ten (10) years, a party to financial dispute?	any civil action involving dishonesty, breach of trust, or a
		Yes No X	
	i.		state or the Federal Government that you have violated any ompany laws, or credit union laws, or that you have violated troller of any state or the Federal Government?
		Yes No X	
	j.	Had a lien or foreclosure action filed against you o	r any entity while you were associated with that entity?
		Yes No X	
		If the response to any question above is yes, plea Attach a copy of the complaint and filed adjudicati	se provide details including dates, locations, disposition, etc. ion or settlement as appropriate.
		NONE	
12.	pos per or i offi hol	m "control" (including the terms "controlling," "consession, direct or indirect, of the power to direct rson, whether through the ownership of voting secur non-management services, or otherwise, unless the fice held by the person. Control shall be presumed	gulatory authority that you control directly or indirectly. The ontrolled by" and "under common control with") means the or cause the direction of the management and policies of a rities, by contract other than a commercial contract for goods power is the result of an official position with or corporate to exist if any person, directly or indirectly, owns, controls, ting, ten percent (10%) or more of the voting securities of any
		my of the stock is pledged or hypothecated in any wa	ay, give details. NONE
13.	or reg	of record, 10% or more of the outstanding shares ulatory authority, or its affiliates? An "affiliate" of,	ndividually or cumulatively subscribe to or own, beneficially of stock of any entity subject to regulation by an insurance or person "affiliated" with, a specific person, is a person that ies, controls, or is controlled by, or is under common control
	Ye	s No X	
	the	ves, please identify the company or companies in whoutstanding voting securities.  NE	hich the cumulative stock holdings represent 10% or more of
	Ifa	ny of the shares of stock are pledged or hypothecate	d in any way, give details. NONE
4.	Hav	ve you ever been adjudged a bankrupt?	
	Ye	s No X	
	Ify	es, provide details: NONE	
	1		

0.0				
Applica	ant Company Name :	Aetna Inc.	NAIC No	
			FEIN: 23-2229683	
15.		, key management employee or cont	hich you were an officer or director, trustee, in rolling stockholder, had any of the following eve	
	a. Been refus licensing a		of authority by any regulatory authority, or gover	mmental-
	Yes	No X		
	to any jud	dicial, administrative, regulatory, or ip, conservatorship, federal bankrupt	y suspended, revoked, canceled, non-renewed, or disciplinary action (including rehabilitation, lic cy proceeding, state insolvency, supervision or a	quidation,
	Yes	No X		
		ed on probation or had a fine levied n any civil, criminal, administrative, r	d against it or against its permit, license, or cert egulatory, or disciplinary action?	ificate of
	Yes X	No		
	authorities, inc and its affiliate some of which	duding State Attorneys General. As a s regularly are the subject of such re- may be resolved during 2015. The its affiliates' business practices, and	quilatory authorities and other state and federal a leading national managed care organization. A eviews and several such reviews currently are pe se reviews may result in changes to or clarification d have in the past, and in the future may, result in	ending. ons of
	and an exp	lanation provided.	f an answer, the question should be answered in the	
n my	nd signed this CC	Toresoing statements are true and co	[. I hereby certify under penalty of perjury that I a correct to the best of my knowledge and belief.	ım acting
4	(Signature of	Afriant)	H. Jun.	1
tate of	Connecticut	County of: Hartford		13
he fore	egoing instrument wa		y of July, 2015 by Judith H. Jones , and:	
	o is personally known		Λ	
who	o produced the follow	ving identification:	flais G. R.	
	[SEAL]		Notary Public	101
			Printed World Vision	test

Applicant Company Name Aetna Inc.	NAIC No.
	FEIN: 23-2229683

### BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

#### (Print or Type)

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

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). Aetna Inc. 151 Farmington Avenue Hartford, CT 06156 Tel.: 860.273.0123 1. Affiant's Full Name (Initials Not Acceptable): First: Judith Middle: Helen Last: Jones IF ANSWER IS "NONE," SO STATE. 2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases? Yes X No If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. Beginning/Ending Reason (If none, indicate such) Name(s) Date(s) Used (MM/YY) Specify: First, Middle or Last Name REDACTED Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another. 3. Affiant's Social Security Number REDACTED 4. Government Identification Number if not a U.S. Citizen None 5. Foreign Student ID# (if applicable) None 6. Date of Birth: (MM/DD/YY) REDACTED Place of Birth: City REDACTED State/Province REDACTED Country REDACTED

Name of Affiant's Spouse (if applicable) REDACTED

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

7

8.

Applicant Company N	lame: Aetna In	<u>c.</u>	NAI FEI	IC No. N: <u>23-2229683</u>	
Beginning/Ending Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
				9	_
on my own behalf and	day of July, 2 that the foregoing state ature of Afflant)	ements are true ar			
The foregoing instrum	ent was acknowledged	before me this 🌙	day of July, 2015 by	Judith H. Jones ,	and:
who is personally	known to me, or			2.2	
who produced the	following identification	n:		llonia	y Bry
[SEAL]				Printed Notar Printed Notar MARIA G RIZZ Notary Not	ry Name

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.:

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

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

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

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

Judith Helen Jones	
E manufact	e and Residence Address)
Judith H. Jones (Signature)	The June . (Date)
Dated and signed this day of _July, 2015 at Hartfe	ord, CT. I hereby certify under penalty of perjury that I am acting
on my own behalf and that the foregoing statements are true	e and correct to the best of my knowledge and belief.
(Signature of Affiant)	
State of: Connecticut County of: Hartford	
The foregoing instrument was acknowledged before me this	s Au day of July, 2015 by Judith H. Jones, and:
who is personally known to me, or	an al n
who produced the following identification:	- Klan I had
[SEAL]	Notary Public
	202 PHINTING REZEM
	CONTRACTOR OF PROPERTIES
	wy outstanding expires Jan. 31, 2016

Applicant Company Name : Aetna Inc.	NAIC No.	
	FEIN: 23-2229683	

## **BIOGRAPHICAL AFFIDAVIT**

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

requi	ired (Do Not Use Group Names). Actu	na Inc.			
_	151	Farmington Avenue			
_	Hart	ford, CT 06156			
_	(860	) 273-0123			
herei	onnection with the above-named en inafter set forth. (Attach addendum of WER IS "NO" OR "NONE," SO STA	or separate sheet if sp			
1.	Affiant's Full Name (Initials Not	Acceptable): First: E	dward Middle: Joseph	Last: Luc	dwig
2.	a. Are you a citizen of the	United States?			
	Yes X No				
	b. Are you a citizen of any	other country?			
	Yes No X				
	If yes, what country?				
3.	Affiant's occupation or profession	n: Executive			
4.	Affiant's business address: REDA	ACTED			
	Business telephone: None	Bu	siness Email: REDACT	ED	
5.	Education and training:				
Colle	ege/University Ci	ty/State	Dates Attended ()	MM/YY)	Degree Obtained
The (	College of The Holy Cross W	orcester, MA		Bachelor	of Arts, Economics
Grad	uate Studies: College/University	City/State	Dates Attended (1	MM/YY)	Degree Obtained
Colu	mbia University	New York, NY		M.B.A., F	inance
Other	r Training: Name City/State	Dates Atter	nded (MM/YY)	Degree/0	Certification Obtained
None					

Applican	t Company Name : Aetha Inc.		NAIC No. FEIN: 23-2229683	
			10111	
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 Institute of Certified I	Public Accountants 12	11 Ave, of the Americas, NY, NY	10036 212-596-6200
7. 1	Present or proposed position with the	Applicant Company: Dire	ector	
i	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.			
5	See Exhibit A			
Beginning	g/Ending	and the state of		
	IM/YY): En			
Address:		City:	State/Province:	
Country:	Postal Code:	Phone:	Offices/Positions Held:	
Type of B	Business:	Supervisor/Cont	act:	
		the bond, give details:	n schedule fidelity bond, or had	
	If yes, give details:			
i ti n a	List any professional, occupational are governmental licensing agency or in the past. For any non-insurance replacements of the licensing authority or regulatory number is your Social Security Number reasonably identifiable as your Sepresented by your SSN. (For example, or spaces of the space provided is insufficient.)	regulatory authority or lic gulatory issuer, identify an body having jurisdiction of ber (SSN) or embeds your iSN, then write SSN for the inple, "SSN", "12-SSN-34	ensing authority that you presentled provide the name, address and to ver the license (s) issued. If your SSN or any sequence of more that that portion of the professional lice	y hold or have held elephone number of professional license in five numbers that ense number that is
Organizat	ion/Issuer of License: New Jersey B	oard of Accounting Add	ress: 20 Broad Street	
City: New	ark State/Province: Ne	w Jersey Country:	USA Postal Cod	ė:
License T	ype: Certified Public Accountant Lie	cense #: <u>Inactive</u>	Date Issued (MM/YY): 11/22/77	
Date Expi	red (MM/YY): <u>Unknown</u> I	Reason for Termination: N	o longer practicing	
	rance Pegulatory Phone Number (if	La company to the company		

pplic	ant Co	Company Name : Aetna Inc.	NAIC NO FEIN:	23-2229683
11,		responding to the following, if the record has been sealed or expunge record was sealed or expunged, an affiant may respond "no" to the		
	a.	Been refused an occupational, professional, or vocational lice any public administrative, or governmental licensing agency?		rmit by any regulatory authority, or
		Yes No X		
	b.	Had any occupational, professional, or vocational license or pany judicial, administrative, regulatory, or disciplinary action?		n hold or have held, been subject to
		Yes No X		
	c.	Been placed on probation or had a fine levied against you or y license or permit in any judicial, administrative, regulatory, or		
		Yes No X		
	d.	Been charged with, or indicted for, any criminal offense(s) oth	ner than ci	vil traffic offenses?
		Yes No X		
	e.	Pled guilty, or nolo contendere, or been convicted of, any offenses?	criminal	offense(s) other than civil traffic
		Yes No X		
	f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, or been pardoned, fined, or placed on probation, traffic offenses?		
		Yes No X		
	g.	Been subject to a cease and desist letter or order, or enjoined, either administrative, regulatory, or disciplinary action, from violating an regulating the business of insurance, securities or banking, or for practices in the course of the business of insurance, securities or banking.	y federal, from carry	state law or law of another country
		Yes No X		
	h.	Been, within the last ten (10) years, a party to any civil action financial dispute?	involvin	g dishonesty, breach of trust, or a
		Yes X No SEE EXHIBIT B		
	Ł	Had a finding made by the Comptroller of any state or the Federal provisions of small loan laws, banking or trust company laws, or any rule or regulation lawfully made by the Comptroller of any state	credit uni	ion laws, or that you have violated
		Yes No X		
	j.	Had a lien or foreclosure action filed against you or any entity whil	le you wer	e associated with that entity?
		Yes No X		

Appl	icant Co		NAIC No EIN:	23-2229683
		If the response to any question above is yes, please provide details Attach a copy of the complaint and filed adjudication or settlement a		
	113	None		
12.	posse perso or no office holds	t any entity subject to regulation by an insurance regulatory authority in "control" (including the terms "controlling," "controlled by" and session, direct or indirect, of the power to direct or cause the direct son, whether through the ownership of voting securities, by contract non-management services, or otherwise, unless the power is the resulce held by the person. Control shall be presumed to exist if any perds with the power to vote, or holds proxies representing, ten percent (for person. None	"under of ction of other that alt of an rson, dire	common control with") means the the management and policies of a n a commercial contract for goods official position with or corporate ectly or indirectly, owns, controls,
	If an	ny of the stock is pledged or hypothecated in any way, give details. N	lone	
13.	or of regul direc	[Will] you or members of your immediate family individually or current for record, 10% or more of the outstanding shares of stock of any equiatory authority, or its affiliates? An "affiliate" of, or person "affiliated totally, or indirectly through one or more intermediaries, controls, or is in, the person specified.	ntity sub ted" with	ject to regulation by an insurance, a specific person, is a person that
	Yes	No X		
	the o	es, please identify the company or companies in which the cumulative outstanding voting securities. Sently own shares of Aetna Inc. less than 1%.	ve stock	holdings represent 10% or more of
	If any	ny of the shares of stock are pledged or hypothecated in any way, give	details.	
	None	ne		
14.	Have	e you ever been adjudged a bankrupt?		
	Yes	No X		
	If yes	es, provide details:		
15.	comn	your knowledge has any company or entity for which you were mittee member, key management employee or controlling stockhole le you served in such capacity?		
	a.	Been refused a permit, license, or certificate of authority by a licensing agency?	any regu	latory authority, or governmental-
		Yes No X		
	b.	Had its permit, license, or certificate of authority suspended, revolution any judicial, administrative, regulatory, or disciplinary ac receivership, conservatorship, federal bankruptcy proceeding, similar proceeding)?	tion (inc	luding rehabilitation, liquidation,
		Yes No X		
	c.	Been placed on probation or had a fine levied against it or a authority in any civil, criminal, administrative, regulatory, or dis		

Applicant Com	pany Name : Aetna Inc.		NAIC No.	
			FEIN: 2	3-2229683
	Yes X No			
		is yes, please indicate and give detail ents within twelve (12) months after h		
and he leading and se result	alth regulatory authorities a g national managed care or veral such reviews currently	s of Aetna Inc. and its affiliates are sund other state and federal authorities, anization, Aetna Inc. and its affiliates are pending, some of which may be of Aetna Inc. and its affiliates' business or other sanctions.	including Sta regularly are resolved duri	ate Attorneys General. As a e the subject of such reviews ng 2015. These reviews may
Note:	If an affiant has any doul and an explanation provi	t about the accuracy of an answer, the	e question sh	ould be answered in the positive
Dated and signe	30 m	) lx	10 10	/
inder penalty o	f perjury that I am acting o	2015at		
under penalty o	f perjury that I am acting o	n my own behalf and that the foregoi		s are true and correct to the best
under penalty of my knowled	f perjury that I am acting of perjury that I am acting of a company of Affiant)	my own behalf and that the foregoing		s are true and correct to the best
of my knowled	Edward & Ludwig Signature of Affiant)  Count	of: New York	ird J. Lu	s are true and correct to the best
State of:	Edward & Ludwig Signature of Affiant)  Count	my own behalf and that the foregoing	ird J. Lu	s are true and correct to the best
State of:	Edward 3 Ludwig Signature of Affiant)  Count Cou	of: New York	1rd J. Lu	s are true and correct to the best

JULIA IEDA

Notery Public - State of New York

No. 011E6124063

Oualified in Suffolk County

Ay Commusion Expires March 21, 2017

Applicant Company Name : Aetna Inc.	NAIC No.
	FEIN: 23-2229683

# BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

	(Print or Type)
To the	extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.
	ame, address, and telephone number of the present or proposed entity under which this biographical statement is being ed (Do Not Use Group Names).
	Aetna Inc.
	151 Farmington Avenue
	Hartford, CT 06156
	860-273-0123
1.	Affiant's Full Name (Initials Not Acceptable): First. <u>Edward</u> Middle: <u>Joseph</u> Last: <u>Ludwig</u> IF ANSWER IS "NONE," SO STATE.
2.	Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?
	Yes No X
	If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.
	nning/Ending Name(s) Reason (If none, indicate such)  Specify: First. Middle or Last Name
Note:	Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.
3.	Affiant's Social Security Number: REDACTED
4.	Government Identification Number if not a U.S. Citizen: None
5.	Foreign Student ID# (if applicable): None
6.	Date of Birth: (MM/DD/YY): REDACTED Place of Birth. City: REDACTED  State/Province: REDACTED Country: REDACTED
7.	Name of Affiant's Spouse (if applicable) : REDACTED
8.	List your residences for the last ten (10) years starting with your current address, giving:
	ning/Ending State/ (MM/YY) Address City Province Country Postal Code

#### REDACTED

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

Applicant Company Name : Aetna Inc.	NAIC No.
	FEIN: 23-2229683
2000	
Dated and signed this 30 day of July ,	2015 at 1/4, 1/4 .1
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 any knowledge and belief	
	= LSI Edward J Ludwig
Edward A, Ludwig	
(Signature of Affiant)	
	1
State of New York County of: New Y	ork
The foregoing instrument was acknowledged before me this	30 day of July 2015 by Edward J. Ludwig,
and:	
who is personally known to me, or	
	13.000
who produced the following identification: FL Driv	ers license
	De Dia On de
[SEAL]	Notary Public
[conto]	Julia Teda
	Printed Notary Name
	March 21, 2017
	My Commission Expires

JULIA IEDA

Notary Public - State of New York

No. 01IE6124063

Qualified in Suffolk County

My Commission Expires March 21, 2017

NAME

ADDRESS/PHONE

#### **EXHIBIT A**

### Response to Item 8

AFFIANT'S NAME

DATE

Edward Joseph Ludwig

## EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS

-		77-2-3-3-3
	Becton, Dickinson and Company Chairman Chief Executive Officer President Executive Vice President Senior Vice President and Chief Financial Officer Vice President, Finance Vice President, Finance and Controller President, Becton Dickinson Diagnostic Instrument Systems	I Becton Drive Franklin Lakes, NJ 07417 REDACTED
2003 to Present	Director, Aetna Inc.	151 Farmington Avenue Hartford, CT 06156
	Trustee, Hackensack University Medical Center	30 Prospect Avenue Hackensack, NJ 07601 REDACTED
	Trustee, College of the Holy Cross	One College Street Worcester, MA 01610 REDACTED
2011 to 2013	Director, Project Hope	255 Carter Hall Lane Millwoood, VA 22646 REDACTED
2011 to Present	Director, Xylem, Inc.	1133 Westchester Avenue White Plains, NY 10604 REDACTED
2014 to Present	Director, Boston Scientific Corporation	8 Industrial Drive Coventry, RI 02816 REDACTED
2013 to Present	Director, Pocared Diagnostics Ltd.	3 Haim Pekeris St. Rabin Park Rehovot 7670203 Israel
	Chairmain, Pocared Diagnostics Ltd.	REDACTED 3 Haim Pekeris St. Rabin Park Rehovot 7670203 Israel REDACTED

Applicant Company Name : Aetna Inc.	NAIC No.
	FEIN: 23-2229683

Affiant's Name: Edward Joseph Ludwig

**EXHIBIT B** 

Response to Item 11 h

Aetna Inc.

Shareholder Lawsuit

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, CT 06156 and

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

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

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

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

	Edward J. Ludwig	
=	Full Name and Residence Address	OT/30/2015
AND THE RESERVE	gli. Ludwig FlEdward J Ludw	
State of: New York Co	anty of: New York  It was acknowledged before me this <u>30</u> day of <b>July</b> , 20	
and a few annual like he	마시아 아들 보면 되었다. 그는 이 사이 가를 만든다면 어떻게 하다.	
[SEAL]	JULIA IEDA Notary Public - State of New York	Julia Deda Julia It da
	No. 01/E6124083 Qualified in Suffolk County My Commission Expires March 21,	Printed Notary Name  March 91, 2017  My Commission Expires

Applicant Name (Company): Metria IIIC.		NAIC No.	
		FEIN: 23-2229	683
E	BIOGRAPHICAL A	AFFIDAVIT	
To the extent permitted by law, this affidavit	will be kept confident	ial by the state insurance regulatory	authority.
	(Print or Ty	rpe)	
Full name, address and telephone number of required (Do Not Use Group Names)	the present or propose		nical statement is being
Aetna Inc.			
151 Farmington Avenue			
Hartford, CT 06156 (860) 273-0123			
In connection with the above-named entity hereinafter set forth. (Attach addendum or s ANSWER IS "NO" OR "NONE," SO STATI	eparate sheet if space		
1. Affiant's Full Name (Initials Not Ac	ceptable): First: Kare	n Middle: Sue Las	t: Rohan
<ol><li>a. Are you a citizen of the Uni</li></ol>	ted States?		
Yes X No	]		
b. Are you a citizen of any oth	er country?		
Yes No X	]		
If yes, what country?			
<ol> <li>Affiant's occupation or profession: <u>E</u></li> </ol>	xecutive Officer a	nd President	
4. Affiant's business address: 151 Far	mington Avenue,	Hartford, CT 06156	
Business telephone: REDACTED		Email: REDACTED	
5. Education and training:			
College/University City/S	State	Dates Attended (MM/YY)	Degree Obtained
Boston College Boston	, MA	3 3	Accounting
Graduate Studies College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Boston University	Boston, MA		MBA

**Boston University** 

Applica	nt Name (Compa	ny): Aetna Inc.		NAIC N	No
				FEIN:	23-2229683
Other T	raining: Name	City/State	Dates Atte	nded (MM/YY)	Degree/Certification Obtained
			None		
Note:		ide the foreign studen			number of the college/university. If ovided in the Biographical Affidavit
6.	List of members	hips in professional so	cieties and assoc	iations:	
	Name of Society/Associat	ion Conta	act Name	Address of Society/Association	Telephone Number of Society/Association
		No	ne		
7. 8.	List complete en including presen officerships). Ple	t jobs, positions, partn ease list the most recen	the past twenty erships, owner out first. Attach ad	(20) years, whether co	ompensated or otherwise (up to and or, manager, operator, directorates or ace provided is insufficient. It is only
	ng/Ending		ployer's Name:		
Address	151 Farmingt	on Avenue City: Ha	artford	State/P	rovince: CT
Country	USA	Postal Code: 06156	Phone: RI	EDACTED Offices/Po	sitions Held: See below
Type of	Business:	nsurance		Supervisor/Contact:	Mark T. Bertolini
		President Executive Vice	e President, Lo	ocal and Regional Bu	sinesses
	ng/Ending MM/YY).	Emp	loyer's Name: <u>M</u>	lagellan Health Serv	ices
Address:	55 Nod Road	Cir	ty: <u>Avon</u>	State/Pr	rovince: CT
Country:	USA	Postal Code: 06001	Phone: n/a	Offices/Posi	tions Held: President
Time of	Ducinass:	Incurance		Sumamiaan/Cantant D	and Large

Appl	icant Name	(Company): Aetna	Inc.		NAIC No FEIN:	o. 23-2229683
	nning/Endi	*	Employ	ver's Name: <u>CIGNA</u>		
Addr	ess: <u>900 C</u>	ottage Grove Roa	city:	Bloomfield	State/Pro	vince: CT
Coun	try: USA	Postal Co	de: <u>06002</u>	Phone: N/A	Offices/Position	ons Held: see below
Туре	of Busines	s: <u>Insurance</u>		Su	pervisor/Contact: Vi	arious
9.	a.	Presi Heal Presi Chie Vice Oper Cont Vario Heal  Have you ever beer	ident, CIGN th and Phar ident, CIGN f Underwrit President rations) roller, CIGN ous financi thCare)	IA Specialty But macy) A Dental and Vising Officer, CIGN and Business	ion Care IA HealthCare Financial Office ding Chief Acc	rision Care al / Vision Care, Behaviora er, CIGNA HealthCare (Fiel
	b.	revoked?	x	individual or positi	on schedule fidelity	y bond, or had a bond canceled o
10.	or gove in the po the licer number are reas represer	rnmental licensing a ast. For any non-insu- nsing authority or re- is your Social Secur- conably identifiable a	gency or regulated gulatory body ity Number (S as your SSN, to For example,	latory authority or I bry issuer, identify a having jurisdiction (SSN) or embeds you then write SSN for "SSN", "12-SSN-3	icensing authority the and provide the name over the license (s) or SSN or any sequenthat portion of the	sell securities) issued by any public hat you presently hold or have held its, address and telephone number of issued. If your professional licensence of more than five numbers the professional license number that it (last 6 digits)). Attach additional

Appli	cant N	Name (Company). A	etna Inc.		NAIC No.	
					FEIN:	23-2229683
Organ	izatio	on/Issuer of License:		Address:		
City:		Stat	e/Province:	Country		Postal Code:
Licen	se Ty	pe:	License #:		Date Issued (MM/	YY):
Date I	Expire	ed (MM/YY):	Reason	for Termination:		
Non-I	nsura	nce Regulatory Pho	ne Number (if known):			
11.			ollowing, if the record or expunged, an affian			affiant has personally verified that ave you ever:
	a.		an occupational, profeministrative, or govern			nit by any regulatory authority, or
		Yes	No X			
	b.		pational, professional, administrative, regulate			hold or have held, been subject to
+-	**	Yes	No X			
	C.		on probation or had a f mit in any judicial, adr			tional, professional, or vocational y action?
		Yes	No X			
	d.	Been charged	with, or indicted for,	any criminal offens	se(s) other than civ	il traffic offenses?
		Yes	No X			
	e.	Pled guilty, offenses?	or nolo contendere, o	r been convicted	of, any criminal	offense(s) other than civil traffic
		Yes	No X			
	f.		been pardoned, fined			had pronouncement of a sentence riminal offense(s) other than civil
		Yes	No X			
	g.	administrative, regulating the but	gulatory, or disciplinar	y action, from viol ecurities or banki	ating any federal, s ng, or from carryi	ily or permanently, in any judicial, tate law or law of another country ng out any particular practice or
		Yes	No X			
	h.	Been, within the financial dispute?	last ten (10) years, a	party to any civi	l action involving	dishonesty, breach of trust, or a
		Yes	No X			

Appl	icant Name (Company): Aetna Inc.	NAIC No	
		FEIN:	23-2229683
	<ol> <li>Had a finding made by the Comptroller of any state or the provisions of small loan laws, banking or trust company laws any rule or regulation lawfully made by the Comptroller of any</li> </ol>	s, or credit uni	ion laws, or that you have violated
	Yes No X		
	j. Had a lien or foreclosure action filed against you or any entity	while you wer	e associated with that entity?
	Yes No X		
	If the response to any question above is yes, please provide of Attach a copy of the complaint and filed adjudication or settler		
	N/A		
12.	List any entity subject to regulation by an insurance regulatory aut term "control" (including the terms "controlling," "controlled by possession, direct or indirect, of the power to direct or cause the person, whether through the ownership of voting securities, by con or non-management services, or otherwise, unless the power is the office held by the person. Control shall be presumed to exist if a holds with the power to vote, or holds proxies representing, ten per- other person. Holds shares of Aetna Inc. Common Stock less	" and "under of direction of other than the result of an uny person, direct (10%) or the cont (10%) or	common control with") means the the management and policies of a an a commercial contract for goods official position with or corporate ectly or indirectly, owns, controls,
	If any of the stock is pledged or hypothecated in any way, give deta		
13.	Do [Will] you or members of your immediate family individually or of record, 10% or more of the outstanding shares of stock of regulatory authority, or its affiliates? An "affiliate" of, or person "a directly, or indirectly through one or more intermediaries, controls with, the person specified.	any entity sub affiliated" with	pject to regulation by an insurance , a specific person, is a person that
	Yes No X		
	If yes, please identify the company or companies in which the cun the outstanding voting securities. N/A	nulative stock	holdings represent 10% or more of
	If any of the shares of stock are pledged or hypothecated in any way N/A	y, give details.	
14.	Have you ever been adjudged a bankrupt?		
	Yes No X		
	If yes, provide details: N/A		
15.	To your knowledge has any company or entity for which you committee member, key management employee or controlling sto while you served in such capacity?		
	a. Been refused a permit, license, or certificate of authority licensing agency?	y by any regu	latory authority, or governmental-
	Yes No X		

Applicant Na	me (Company): Aetna Inc.	NAIC No.	
		FEIN:	23-2229683
Ь.	Had its permit, license, or certificate of to any judicial, administrative, regulat receivership, conservatorship, federal b similar proceeding)?	ory, or disciplinary action (incl	uding rehabilitation, liquidation,
	Yes No X		
c.	Been placed on probation or had a fin authority in any civil, criminal, administ		
	Yes No X		
affia <u>Curr</u>	e answer to any of the above is yes, please in nt should also include any events within twel rent and past business practices of	ve (12) months after his or her de Aetna Inc. and its affiliate	parture from the entity. s are subject to review by
	ous state insurance and health r		
auth	norities, including State Attorneys	General. As a leading	national managed care
orga	inization, Aetna Inc. and its affiliates	regularly are the subject of	such reviews.
Note  Dated and sign acting on my	and an explanation provided.	Hartford, CT. I hereby certify	under penalty of perjury that I
5			1
7	Karen S. Rohan /B	Kwen S Rohan	
	necticut County of: Hartford	1	
The foregoing	instrument was acknowledged before me this	is <u>24</u> day of <u>July.</u> 2015 by	Karen S. Rohan, and:
who is pe	rsonally known to me, or		
who prod	uced the following identification:		
		Jun	an R. Mellin
[SEA	LJ		Notary Public VIOW Printed Notary Name
		N	ly Commission Expires
		,	
		II Viv	ian L. Collins

Notary Public-Connecticut My Commission Expires December 31, 2019

Applicant Name (Company): Aetna Inc.	NAIC No.
	FEIN: 23-2229683

## BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

#### (Print or Type)

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

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

Aetna	a Inc.		
151 F	armington Avenue		
Hartf	ord, Connecticut 06	156	
1.		Initials Not Acceptable): First: <u>Karen</u> Midd 'NONE," SO STATE.	lle: <u>Sue</u> Last: <u>Rohan</u>
2.	Have you ever used a	ny other name, including first, middle or last	name, nickname, maiden name or aliases?
	If yes, give the reason	if any, if none indicate such, and provide the	e full name(s) and date(s) used.
	nning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)
REDA	CTED		
Note:		onse to this question may be approximate. P	Parties using this form understand that there could
3.	Affiant's Social Secur	ity Number: REDACTED	
4.	Government Identifica	ation Number if not a U.S. Citizen: n/a	
5.	Foreign Student ID# (	if applicable): <u>n/a</u>	
6.	Date of Birth: (MM/D State/Province: <u>RED</u>		ity: REDACTED
7.	Name of Affiant's Spo	ouse (if applicable) : n/a	

			FEN	N: <u>23-222968</u>	3
. List your re	sidences for the last	ten (10) years starting	with your current add	ress, giving:	
Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
		20			4
		nis question may be ap		current address. Parti	
	-//		Visit in the state of		
ated and signed thi	s∰ day of <u>Jul</u>	y 2015 at H	artford, CT . I here	by certify under pena	alty of perjury that
ated and signed thi	s∰ day of <u>Jul</u>	y 2015 at H	artford, CT . I here	by certify under pena the best of my know	alty of perjury that
ated and signed thim acting on my own	day of July behalf and that the	y 2015 at H	artford, CT . I here are true and correct to	by certify under pena the best of my know	alty of perjury that
eated and signed this macting on my own acting on my own tate of: Connection	day of July behalf and that the  Karen S. Rohan	foregoing statements	artford, CT . I here are true and correct to B/Karen S. Roha	by certify under pena the best of my know	alty of perjury that is ledge and belief.
Dated and signed this macting on my own tate of: Connection the foregoing instru	day of July behalf and that the  Karen S. Rohan	foregoing statements and the statements are statements are statements and the statements are statements	artford, CT . I here are true and correct to B/Karen S. Roha	by certify under pena the best of my know	alty of perjury that is ledge and belief.
tate of: Connection who is personally	day of July behalf and that the  Karen S. Rohan  cut Cour	foregoing statements and the foregoing statements are statements and the foregoing statements and the foregoing statements are statements and	artford, CT . I here are true and correct to B/Karen S. Roha	by certify under pena the best of my know	alty of perjury that is ledge and belief.
tate of: Connection who is personally	day of July behalf and that the  Karen S. Rohan  cut Countent was acknowled by known to me, or	foregoing statements and the foregoing statements are statements and the foregoing statements and the foregoing statements are statements and	artford, CT . I here are true and correct to B/Karen S. Roha	by certify under pena the best of my know	alty of perjury that is ledge and belief.
tate of: Connection who is personally	day of July behalf and that the  Karen S. Rohan  cut Countent was acknowled by known to me, or	foregoing statements and the foregoing statements are statements and the foregoing statements and the foregoing statements and the foregoing statements are	artford, CT . I here are true and correct to B/Karen S. Roha	by certify under pena the best of my know D15 by Karen S	alty of perjury that ledge and belief.  S. Rohan, and:
State of: Connection  The foregoing instruments who is personally who produced the content of th	day of July behalf and that the  Karen S. Rohan  cut Countent was acknowled by known to me, or	foregoing statements and the foregoing statements are statements and the foregoing statements and the foregoing statements and the foregoing statements are	artford, CT . I here are true and correct to B/Karen S. Roha	by certify under pena the best of my know D15 by Karen S	S. Rohan, and:

Vivian L. Collins
Notary Public-Connecticut
My Commission Expires
December 31, 2019

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.:

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

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

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

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

Karen S. Rohan,		ATT P
(Printed F	ull Name and Residence Address)	7-24-15
Karen S. Rohan (Signature)	1SI Kuran S. Rubun	(Date)
Dated and signed this 2 day of July, 2015 a on my own behalf and that the foregoing statements	t Hartford, CT. I hereby certify un sare true and correct to the best of m	der penalty of perjury that I am acting by knowledge and belief.
(Signature of Affiant)		
State of: Connecticut County of: H		
The feregoing instrument was acknowledged before who is personally known to me, or who produced the following identification:	e me this AH day of July, 20 <u>15</u>	by Karen S. Rohan, and:
[SEAL]		Notary Public
	Vivian L. Collins Notary Public-Connecticu My Commission Expires December 31, 2019	Printed Notary Name  My Commission Expires

			FEIN: 23-22296	583
		BIOGRAPHICAL A	FFIDAVIT	
To t	he extent permitted by law, this a	ffidavit will be kept confidentia	by the state insurance regulatory	authority.
		(Print or Typ	e)	
	name, address and telephone nui ired (Do Not Use Group Names).		l entity under which this biograp	hical statement is being
_		151 Farmington Avenue		
_		Hartford, CT 06156		
_		(860) 273-0123		
1. 2.	a. Are you a citizen of Yes X No b. Are you a citizen of Yes No If yes, what country	Not Acceptable): First: Joseph  the United States?  any other country?		ouse
4.			ngwood Avenue, Boston, MA 0	2115
	Business telephone: REDAC	TED Business Email: REDAC	CTED	
5.	Education and training:			
Colle	ge/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Harv	ard College	Cambridge, MA		B.A., Economics
Grad	uate Studies: College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
	ard University	Cambridge, MA		Ph.D., Economics

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

Frankfurt, Germany

Fulbright Scholar, Economics

Goethe University

Applicant Company Name . Actia me.		IV.	FEIN: 23-2229683			
6.	List of	memberships in prof	essional societies and ass	ociations:		
		lame of y/Association	Contact Name		dress of Association	Telephone Number of Society/Association
	See E	Exhibit A				
7.	Presen	t or proposed position	with the Applicant Com	pany: Director		
8.	officer	ing present jobs, posi ships). Please list the	tions, partnerships, owne	or of an entity, a additional page	dministrator, mans if the space prov	ated or otherwise (up to and ager, operator, directorates or ided is insufficient. It is only 0) years.
	See Ex	hibit B				
Beginn Dates	ning/Endi (MM/YY	ng ):	Employer's Name			
Addres	ss:		City:		_ State/Province:	
Countr	y:	Postal Co	de: Phone:		Offices/Positions H	eld:
Туре о	f Busines	ss:	Super	visor/Contact:		
	<b>b</b> .	Have you ever bee revoked?	x			, or had a bond canceled or
10.	or gove in the p the lice number are rear represe pages i	ernmental licensing a past. For any non-insu- ensing authority or re- r is your Social Secur sonably identifiable a	gency or regulatory authors issuer, is gulatory body having jurity Number (SSN) or emass your SSN, then write For example, "SSN", "1	ority or licensing dentify and provisdiction over the beds your SSN SSN for that po	g authority that you ride the name, add e license (s) issued or any sequence of rtion of the profes	curities) issued by any public u presently hold or have held ress and telephone number of I. If your professional license more than five numbers that sional license number that is 6 digits)). Attach additional
Organi	zation/Iss	suer of License:		Address:		
City: _		State/Prov	vince:	Country:	P	ostal Code:
License	е Туре: _		License #:	Date 1	ssued (MM/YY):	
			Reason for Term			
		Regulatory Phone Nu				

Applie	cant Cor	ompany Name : Aetna Inc.	NAIC No
34.4			FEIN: <u>23-2229683</u>
11.		esponding to the following, if the record has been sealed or expunercord was sealed or expunged, an affiant may respond "no" to the	
	a.	Been refused an occupational, professional, or vocational li- any public administrative, or governmental licensing agency	
		Yes No X	
	b.	Had any occupational, professional, or vocational license or any judicial, administrative, regulatory, or disciplinary action	
		Yes No X	
	C.	Been placed on probation or had a fine levied against you or license or permit in any judicial, administrative, regulatory,	
		Yes No X	
	d.	Been charged with, or indicted for, any criminal offense(s) o	ther than civil traffic offenses?
		Yes No X	
	e.	Pled guilty, or nolo contendere, or been convicted of, ar offenses?	ny criminal offense(s) other than civil traffic
		Yes No X	
	f.	Had adjudication of guilt withheld, had a sentence imposed of suspended, or been pardoned, fined, or placed on probation traffic offenses?	
		Yes No X	
	a	Been subject to a cease and desist letter or order, or enjoined, eith administrative, regulatory, or disciplinary action, from violating a regulating the business of insurance, securities or banking, or practices in the course of the business of insurance, securities or letters.	any federal, state law or law of another country from carrying out any particular practice or
		Yes No X	
		Been, within the last ten (10) years, a party to any civil action	on involving dishonesty, breach of trust, or a
	S	Yes X No SEE EXHIBIT C	
	p	Had a finding made by the Comptroller of any state or the Fe provisions of small loan laws, banking or trust company laws, of any rule or regulation lawfully made by the Comptroller of any st	or credit union laws, or that you have violated
		Yes No X	
	j. I	Had a lien or foreclosure action filed against you or any entity wh	nile you were associated with that entity?

Appli	ant Company Name : Aetna Inc. NAIC No. FEIN: 23-2229683
	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.
	None
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 person, whether through the ownership of voting securities, by contract other than a commercial contract for good or non-management services, or otherwise, unless the power is the result of an official position with or corporat 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.
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 X
	If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.  Presently own shares of Aetna Inc. less than 1%
	If any of the shares of stock are pledged or hypothecated in any way, give details.
14.	Have you ever been adjudged a bankrupt?
	Yes No X
	If yes, provide details:
15.	To your knowledge has any company or entity for which you were an officer or director, trustee, investmen committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency?
	Yes No X
	b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
	Yes No X

Applicant Com	pany Name : Aetna Inc.	NAIC No FEIN: 23-2	2229683
c.		a fine levied against it or against its perm ministrative, regulatory, or disciplinary action	
	Yes X No		
		ease indicate and give details. When respond n twelve (12) months after his or her departu	
and he leading and se result	alth regulatory authorities and other so a national managed care organization veral such reviews currently are pend	a Inc. and its affiliates are subject to review betate and federal authorities, including State A. Aetna Inc. and its affiliates regularly are the ing, some of which may be resolved during inc. and its affiliates' business practices, and resolved.	Attorneys General. As a subject of such reviews 2015. These reviews may
Note:	If an affiant has any doubt about the and an explanation provided.	ne accuracy of an answer, the question should	be answered in the positive
penalty of perju	Joseph Paul Newhouse (Signature of Affiant)	f and that the foregoing statements are true:	and correct to the best of my
State of: Ne		- 1	T10 T 1 T 11
	nstrument was acknowledged before sonally known to me, or	me this 30 day of 30 \ 2015 by J	oseph P. Newhouse, and:
who produ	ced the following identification: U	unse State of Hass.	
[SEAL	.]	Qualified in New York Committee Print	
		My Co	mmission Expires

Applicant Company Name : Aetna Inc.	NAIC No.
	FEIN: 23-2229683

## BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

### (Print or Type)

		nd telephone numb Group Names).	er of the present or	proposed entity under	r which this biographic	al statement is being
			Aetna Inc.			
			151 Farmin	ngton Avenue		
			Hartford, (	CT 06156		
			860-273-0	123		
1.		I Name (Initials No WER IS "NONE,"		t: <u>Joseph</u> Middle: <u>P</u>	aul Last: Newhouse	
2.	Have you eve	er used any other n	ame, including first	, middle or last name,	nickname, maiden nam	e or aliases?
	Yes	No X				
	If yes, give th	ne reason if any, if	none indicate such,	and provide the full n	ame(s) and date(s) used	A. III
	ning/Ending s) Used (MM/Y	Y) Speci	Name(s) fy: First, Middle or L		Reason (If none, indica	te such)
Note:			nis question may be asitioning from one		using this form understa	nd that there could
3.	Affiant's Soc	ial Security Numb	er: REDACTED			
4.	Government	Identification Num	ber if not a U.S. Cit	tizen: None		
5.		ent ID# (if applical			225 2525	
6.	Date of Birth		REDACTED PI	ace of Birth, City: <u>RE</u> ountry: <u>REDACTED</u>		
7.	Name of Affi	ant's Spouse (if ap	plicable) : REDAC	TED		
8.				ng with your current a	ddress, giving:	
			(1.1/) James Comp.			
	ing/Ending MM/YY)	Address	City	State/ Province	Country	Postal Code

Note:

understand that there could be an overlap of dates when transitioning from one address to another.

Dates provided in response to this question may be approximate, except for current address. Parties using this form

Applicant Company Name : Aetna Inc.	NAIC No FEIN: 23-2229683
Dated and signed this 30 day of 000 certify under penalty of perjury that I am acting on my the best of my knowledge and belief.	own behalf and that the foregoing statements are true and correct to
Joseph P. Newhouse (Signature of Affiant)	15/30 soph P. Nechane.
State of: New York County of: New	wYork
The foregoing instrument was acknowledged before me and:	this 30 day of Toly , 2015 by Joseph P. Newhouse,
who is personally known to me, or	
who produced the following identification:	nse State of Mass
[SEAL]	Motery Public, State of New York Motery Public No. 01876249742
	Commission Expires Oct. 31, 2015  Printed Notary Name
	My Commission Expires

NAIC No

FEIN: 23-2229683

## **EXHIBIT A**

## **RESPONSE TO ITEM 6**

AFFIANT'S NAME

Joseph Paul Newhouse

#### CURRENT PROFESSIONAL SOCIETIES AND ASSOCIATIONS

Academy Health 1801 K Street NW-Suite701-L Washington, DC 20006 Fax: 202-292-6800

American Academy of Arts & Sciences 136 Irving St. Cambridge, MA 02138 617-576-5000

American Economic Association 2014 Broadway, Suite 305 Nashville, TN 37203 (615) 322-2595

Institute of Medicine 500 Fifth St., NW Washington, DC 20001 202-334-2352

New England Journal of Medicine Editorial Board 860 Winter Street Waltham Woods Corporate Center Waltham, MA 02451-1411

NAIC No. FEIN:

23-2229683

## **EXHIBIT B**

## **RESPONSE TO ITEM 8**

AFFIANT'S NAME

Joseph Paul Newhouse

### **EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS**

NAME	ADDRESS/PHONE
Exavera Technologies, Inc.  Member of Scientific Advisory Board	195 New Hampshire Avenue Portsmouth, NJ 03801 REDACTED
National Committee for Quality Assurance Director	1100 13th St., NW Suite 1000 Washington, D.C. 20005 REDACTED
Abt Associates, Inc. Director	55 Wheeler Street Cambridge, MA 02138
Aetna Inc. Director	151 Farmington Avenue Hartford, CT 06156
Harvard University Director, Interfaculty Initiative on Health Policy	1350 Massachusetts Avenue Cambridge, MA 02138
and Education  John D. MacArthur Professor of Health Policy	
	Exavera Technologies, Inc. Member of Scientific Advisory Board  National Committee for Quality Assurance Director  Abt Associates, Inc. Director  Aetna Inc. Director  Harvard University Director, Interfaculty Initiative on Health Policy Director, Division of Health Policy Research and Education

### **EXHIBIT C**

## **RESPONSE TO ITEM 11.h**

AFFIANT'S NAME

Joseph Paul Newhouse

Aetna Inc.

Shareholder Lawsuit

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.:

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

Incomb D Manubanca

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

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

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

Joseph F. Newhouse,	Company of the Company of the Company	
(Printed Full	Name and Residence Address)	- A
15/30	sepor P. Wrahase	July 30 2015
Joseph P. Newhouse (Signature) State of: New York County of: New		(Date)
The foregoing instrument was acknowledged before and:	me this 30 day of July	, 2015 by Joseph P. Newhouse,
who is personally known to me, or		
who produced the following identification:		
[SEAL]	Motory Public, State of Nace York No. 01ST6249742	Notary Public
	Qualified in New York County Commission Expires Oct. 31, 2015	Printed Notary Name
		My Commission Evnires

NAIC No.		
FEIN:	23-2229683	

### **BIOGRAPHICAL AFFIDAVIT**

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

(Print or Type)

	name, address and tel- red (Do Not Use Grou		e present or propos	ed entity under which	this biograph	nical statement is being		
Aetn	a Inc.							
<u>151 F</u>	armington Avenue							
Hartf	ord, CT 06156							
860-2	273-0123							
herei		ch addendum or sepa				ation about myself as any question fully.) IF		
1.		ne (Initials Not Accep		pia Middle: Jean	Last:_Sn	owe		
2.	a. Are you	a citizen of the United	States?					
	Yes X	No						
	b. Are you a citizen of any other country?							
	Yes	No X						
	If yes, wi	nat country? None.						
3.	Affiant's occupati	on or profession: Cor	nsultant & Professi	onal Speaker				
4.	Affiant's business address: One Canal Plaza, Suite 501, Portland, Maine 04101							
	Business telephone: _REDACTED			Business Email: REDACTED				
5.	Education and trai				7-7-77-			
College/University		City/Star	<u>te</u>	Dates Attended (MM/YY)		Degree Obtained		
Unive	rsity of Maine	Orono, N	ME			B.APolitical Science		
Graduate Studies College/University		City/Stat	te	Dates Attended (	MM/YY)	Degree Obtained		
None								
Other Training: Name		City/State	Dates Attende	d (MM/YY)	Degree/Certification Obtained			
None.								
Note:		e the foreign student				e college/university. If Biographical Affidavit		

Appi	icant Name (Comp	any): Aetha inc		FEIN:	FEIN: 23-2229683				
6.	List of membe	rships in profess	ional societies and asso	ciations:					
		ne of	Contact Name	Address of Society/Associat	Telephone Number of Society/Association				
	U.S. Associati	on of Former Congress		1401 K Street NW, Suit Washington, DC 20005					
7.	Present or prop	oosed position w	ith the Applicant Comp	any: <u>Director</u>					
8.	List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.  SEE ATTACHED EXHIBIT A								
9.	a. Have you ever been in a position which required a fidelity bond?								
	Yes	No [	x						
	If any	claims were ma	de on the bond, give de	tails: None.					
		revoked?							
	If yes,	give details: No	one.						
10.	or governments in the past. For the licensing at number is your are reasonably represented by	al licensing agen any non-insuran athority or regular Social Security identifiable as y	icy or regulatory authorice regulatory issuer, id atory body having juris Number (SSN) or emb your SSN, then write S r example, "SSN", "12	rity or licensing authority the entify and provide the name diction over the license (s) eds your SSN or any seque SN for that portion of the	sell securities) issued by any public nat you presently hold or have held e, address and telephone number of issued. If your professional license nce of more than five numbers that professional license number that is ' (last 6 digits)). Attach additional				
	None.								
	-								
					Postal Code				
Licens	se Туре	License	#	Date Issued (MM/	YY)				
Date I	Expired (MM/YY)		Reason for Termin	nation					
Non-i	nsurance Regulato	ry Phone Numbe	er (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:

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

Yes No X

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

Yes No X

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

Yes No X

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

Yes No X

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

Yes No X

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

Yes No X

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

Yes No X

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

SEE ATTACHED EXHIBIT B

Yes X No

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

Yes No X

Appli	cant Name (Company): Aetna Inc.	NAIC N FEIN:	o 23-2229683
	j. Had a lien or foreclosure action filed against you or any entity w		A DESCRIPTION OF THE PROPERTY
		vnne you we	re associated with that entity?
	Yes No X		
	If the response to any question above is yes, please provide de Attach a copy of the complaint and filed adjudication or settlem		
	SEE ATTACHED EXHIBIT B		
12.	List any entity subject to regulation by an insurance regulatory authorized term "control" (including the terms "controlling," "controlled by" possession, direct or indirect, of the power to direct or cause the person, whether through the ownership of voting securities, by cont or non-management services, or otherwise, unless the power is the office held by the person. Control shall be presumed to exist if an holds with the power to vote, or holds proxies representing, ten perconter person. None.	and "under direction of tract other the result of an many person, di	common control with") means the the management and policies of a ian a commercial contract for goods in official position with or corporate freetly or indirectly, owns, controls,
	If any of the stock is pledged or hypothecated in any way, give detail	ls	
3.	Do [Will] you or members of your immediate family individually or of record, 10% or more of the outstanding shares of stock of a regulatory authority, or its affiliates? An "affiliate" of, or person "at directly, or indirectly through one or more intermediaries, controls, with, the person specified.  Yes No X	ny entity su ffiliated" wit	bject to regulation by an insurance th, a specific person, is a person that
	If yes, please identify the company or companies in which the cumu the outstanding voting securities.  None.	ulative stock	holdings represent 10% or more of
	None		
	If any of the shares of stock are pledged or hypothecated in any way,	give details	i.
	None.		
4.	Have you ever been adjudged a bankrupt?		
	Yes No X		
2	If yes, provide details:		
5.	To your knowledge has any company or entity for which you we committee member, key management employee or controlling stoc while you served in such capacity?		
	a. Been refused a permit, license, or certificate of authority licensing agency?	by any reg	ulatory authority, or governmental-
	Yes No X		

Applica	ant Nam	e (Company): <u>Aetna Inc.</u>	NAIC No	A STATE OF THE STA
			FEIN:	23-2229683
	b.	Had its permit, license, or certificate of a to any judicial, administrative, regulate receivership, conservatorship, federal basimilar proceeding)?	ory, or disciplinary action (in	cluding rehabilitation, liquidation,
		Yes No X		
	C.	Been placed on probation or had a fine authority in any civil, criminal, administr		
		Yes X No		
		answer to any of the above is yes, please in should also include any events within twelver		
	and he leadin and se result	at and past business practices of Aetna Inc. ealth regulatory authorities and other state g national managed care organization, Aetn yeral such reviews currently are pending, so in changes or clarifications of Aetna Inc. and may, result in fines, penalties or other sand	and federal authorities, includi a Inc. and its affiliates regularly ome of which may be resolved d its affiliates' business practice	ing State Attorneys General. As a y are the subject of such reviews during 2015. These reviews may
	and he leadin and se result	ealth regulatory authorities and other state g national managed care organization, Aeth yeral such reviews currently are pending, so in changes or clarifications of Aetha Inc. and	and federal authorities, includi a Inc. and its affiliates regularly ome of which may be resolved d its affiliates' business practice tions.	ing State Attorneys General. As a y are the subject of such reviews during 2015. These reviews may es, and have in the past, and in the
under p	and he leadin and se result future  Note:	raith regulatory authorities and other state grantional managed care organization. Aethorities are pending, so in changes or clarifications of Aethorities and in changes or clarifications of Aethorities and may, result in fines, penalties or other sand an affiant has any doubt about the accurand an explanation provided.  The details are acting on my own behalf greated the state of the state o	and federal authorities, including a lnc. and its affiliates regularly ome of which may be resolved its affiliates' business practice tions.  Tracy of an answer, the question and that the foregoing statements and that the foregoing statements are likely as a likely and that the foregoing statements are likely as a likely and that the foregoing statements are likely as a li	are the subject of such reviews during 2015. These reviews may es, and have in the past, and in the should be answered in the positive ents are true and correct to the best
under p	and he leadin and se result future  Note:	raith regulatory authorities and other state g national managed care organization, Aethorities and other state g national managed care organization, Aethorities are pending, so in changes or clarifications of Aethorities, so in changes or clarifications of Aethorities, and may, result in fines, penalties or other sand.  If an affiant has any doubt about the accurand an explanation provided.  Set this 30 day of 300 day of 300 and own behalf ge and belief.	and federal authorities, including a lnc. and its affiliates regularly ome of which may be resolved its affiliates' business practice tions.  Tracy of an answer, the question are the second of the s	are the subject of such reviews during 2015. These reviews may es, and have in the past, and in the should be answered in the positive ents are true and correct to the best
under po	and he leadin and se result future Note:  Indicate the second signer enalty of the sec	raith regulatory authorities and other state in national managed care organization, Aethorities and state in changes or clarifications of Aethorities and in changes or clarifications of Aethorities or other sand may, result in fines, penalties or other sand an affiant has any doubt about the accurand an explanation provided.  Set this 30 day of 300 for perjury that I am acting on my own behalinge and belief.	and federal authorities, including a lnc. and its affiliates regularly ome of which may be resolved its affiliates' business practice tions.  Tracy of an answer, the question and that the foregoing statement of the property of the control of the	are the subject of such reviews during 2015. These reviews may es, and have in the past, and in the should be answered in the positive ents are true and correct to the best
of my k	and he leadin and se result future Note:  Ind signer enalty of the composite of the composi	realth regulatory authorities and other state in national managed care organization, Aethorities and state in changes or clarifications of Aethorities and in changes or clarifications of Aethorities or other sand may, result in fines, penalties or other sand an affiant has any doubt about the accurand an explanation provided.  Sed this 30 day of 300 for perjury that I am acting on my own behalf and belief.  County of: New York County of: New York Penalties and belief.	and federal authorities, including a lnc. and its affiliates regularly ome of which may be resolved its affiliates' business practice tions.  The state of an answer, the question of an answer, the question of and that the foregoing statement of the state of the sta	are the subject of such reviews during 2015. These reviews may es, and have in the past, and in the should be answered in the positive.  I hereby certify ents are true and correct to the best
State of	and he leadin and se result future Note:  and signer enalty of the composite of the composi	raith regulatory authorities and other state in national managed care organization, Aethorities and state in changes or clarifications of Aethorities and in changes or clarifications of Aethorities or other sand may, result in fines, penalties or other sand an affiant has any doubt about the accurand an explanation provided.  Set this 30 day of 300 for perjury that I am acting on my own behalinge and belief.	and federal authorities, including a lnc. and its affiliates regularly ome of which may be resolved its affiliates' business practice tions.  The state of an answer, the question of an answer, the question of and that the foregoing statement of the state of the sta	are the subject of such reviews during 2015. These reviews may es, and have in the past, and in the should be answered in the positive ents are true and correct to the best

[SEAL]

No. 01876249742

Outstied in New York County

Commission Expires Oct. 31, 2015

Printed Notary Name

My Commission Expires

Applicant Name (Company): Aetna Inc.	NAIC No.
	FEIN: 23-2229683

## **BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information**

#### (Print or Type)

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

	ame, address, and telephored (Do Not Use Group Na	ne number of the present or proposed entity mes).	y under which this	biographical statement is being
Aetna	Inc.			
151 Fa	rmington Avenue, Hartfor	d, CT 06156		
860-27	73-0123			
Ĭ.	Affiant's Full Name (In IF ANSWER IS "NON	itials Not Acceptable): First; Olympia N. P.," SO STATE.	Middle: <u>Jean</u>	Last:_Snowe
2.	Yes X No	other name, including first, middle or last		
Date(	ining/Ending s) Used (MM/YY) CTED	Name(s) Specify: First, Middle or Last Name	Reason (If n	one, indicate such)
Note:		nse to this question may be approximate. P		m understand that there could
3.	Affiant's Social Security	Number REDACTED		
4.	Government Identificati	on Number if not a U.S. Citizen None		
5.	Foreign Student ID# (if	applicable) None		
6.	Date of Birth: (MM/DD State/Province REDA		City Augusta	
7.	Name of Affiant's Spou	se (if applicable) REDACTED		

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

Applicant Name (Co	mpany): Aetna Inc.	5	N	IAIC No	
			F	EIN: 23-22	29683
3. List your res	sidences for the last to	en (10) years starting	with your current a	address, giving:	
Beginning/Ending			State/		
Dates (MM/YY)	Address	City	Province	Country	Postal Code
				5	
	5		2		
he best of my knowl	Olympia J. Showe		_ Is I DI	impia J.S	Nove
tate of: New Yo	Count	y of: New York			
The foregoing instrumend:	nent was acknowledg	ed before me this 30	day of July	, 201	5 by Olympia J. Snowe
who is personally	known to me, or				
who produced the	e following identifica	ition: <u>License</u>			
			SAD SIEVER	· Kol	neu Steven
[SEAL]		- VOE	Public, State Civilla	- N	lotary Public

Printed Notary Name

My Commission Expires

NAIC N	0.	
FEIN-	23-2229683	

#### **EXHIBIT A**

## **RESPONSE TO ITEM 8**

**EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS** 

egin & End Dates	Offices/Position Held	Company Name, Address	Contact & Phone
	Non-Voting Observer, Board of Directors	Synchrony Financial 777 Long Ridge Road Stamford, CT 06902	Mark Lyon, Board Administration Manager REDACTED
	Director	Aetna Inc. 151 Farmington Ave Hartford, CT 06156	Judith H. Jones VP, Corporate Secretary 860-273-0123
	Member, Board of Trustees	International Crisis Group 1629 K Street NW, Suite 450 Washington, DC 20006	Jennifer Leonard, Deputy Director REDACTED
	Member, Board of Directors	Commission on Presidential Debates 1200 New Hampshire Ave, NW Washington, DC 20036	Janet Brown, Executive Director REDACTED
3	Member, Board of Advisors	Warren B. Rudman Center University of New Hampshire, School of Law 2 White Street Concord, NH 03301	John Greabe, Director REDACTED
	Member, Senior Advisory Committee	Harvard University, Institute of Politics 79 John F. Kennedy St, Cambridge, MA 02138	Maggie Williams, Director REDACTED
	Director	T. Rowe. Price 100 East Pratt St Baltimore, MD 21202	Brian Rogers, Chairman T. Rowe Price Group 410-345-2000 REDACTED
	Member, National Advisory Committee	The Shriver Report 921 11th Street, 10th Floor Sacramento, CA 95814	Tamara Torlakson The Dewey Square Group REDACTED
	Board Member and Senior Fellow - Co-Chair, Commission on Political Reform	Bipartisan Policy Center 1225 Eye Street, NW Suite 1000 Washington, DC 20005	Jason Grumet, President REDACTED
3	Chairman and CEO	Olympia Snowe, LLC One Canal Plaza, Suite 501 Portland, ME 04101	Kaitlin LaCasse or Lucas Caron REDACTED

Begin & End Dates	Offices/Position Held	Company Name, Address	Contact & Phone
	Member, Board of Advisors	National Institute for Civil Discourse 57 E. Jackson Street Tucson, AZ 85701-1904	Carolyn J. Lukensmeyer, Executive Director REDACTED
	Honorary Chairperson/Director	Olympia Snowe Women's Leadership Institute One Canal Plaza, Suite 501 Portland, ME 04101	Sharon Miller, Chairperson REDACTED
	United States Senator	State of Maine	n/a
	Chairman of the Senate Committee on Small Business and Entrepreneurship	United States Senate	n/a
	Chairman the Senate Subcommittee on Seapower (Senate Armed Services Committee)	United States Senate	n/a
	First Lady	State of Maine	n/a
	Member of the U. S. House of Representatives	State of Maine, 2 <sup>nd</sup> District	n/a

Applicant Name (Company): Aetna Inc.	NAIC No.
***************************************	FEIN: 23-2229683

#### **EXHIBIT B**

#### RESPONSE TO ITEM 11(h)

Senator Snowe, in her capacity as a United States Senator, has been a co-defendant in a number of federal lawsuits filed variously against the United States of America, President Barack Obama, former President George W. Bush, and dozens of other elected officials and government agencies. The lawsuits were brought by individuals proceeding pro se (without counsel), and were ultimately dismissed. The cases contain various allegations. The cases are listed below:

### Named as defendant - all dismissed

Brawner v. Education Mgmt. Corp., 2012 WL 3064019 (E.D. Pa. 2012) affirmed 513 Fed. Appx. 148 (3d Cir. 2013) (with Cong. Fatah and others) (grievance over educational experience)

Burleigh v. Baldacci, 2005-176 (Super. Ct. Me.), 05-130 (D. Me. 2006) affirmed 06-1391 (1st Cir. 2006) (with Collins) (mail grievance)

Demos v. Collins, 03-237 (D. Me. 2003) (with Collins) (prisoner marriage complaint)

Fontaine v. Astrue, 2009 WL 763068 (D. Me. 2009) (with staff) (Social Security benefits dispute)

McDonough v. Ney, 599 F. Supp. 679 (D. Me. 1984) (as Rep. with Mitchell and Cohen) (grievance over compulsory school attendance laws)

Sevigny v. Bush, 2004 WL 1571806 (D. Me. 2004) affirmed 04-1458 (1st Cir. 2004) (with Maine delegation and many officials) (dispute over Supreme Court filings)

Visser v. Snowe, 99-48 (D. Me. 1999) affirmed 99-1392 (1st Cir. 1999) (civil rights)

Young v. Snowe, 00-2 (D. Me. 2000) (civil rights)

#### Named as defendant along with many Senators - all dismissed

Banks v. FCI Fort Dix, 11-3446 (D. N.J. 2011) (all Senators) (prisoner complaint)

Banks v. Pearson, 10-94 (S.D. Miss. 2010) (with many Senators) (prisoner complaint)

Banks v. Sager, 11-741 (M.D. Pa. 2011) (with many Senators) (prisoner complaint)

Banks v. Wagner, 11-2854 (D. N.J. 2011) (with many Senators) prisoner complaint)

Banks v. Whitaker, 11-669 (M.D. Pa. 2011) (with many Senators) prisoner complaint)

Bartolome v. U.S., 06-1037 (C.D. Cal. 2006) (with 10 Senators) (paranoid conspiracy claims)

Brancato v. Akaka, 99-409 (E.D. Mo. 1999) (with 50 Senators) (Clinton impeachment)

NAIC No.		
FEIN:	23-2229683	

## EXHIBIT B (continued)

## RESPONSE TO ITEM 11(h)

#### Named as defendant along with many Senators - all dismissed (continued)

Broemer v. U.S., 03-9097 (C.D. Cal. 2004) (with 19 Senators) (paranoid conspiracy claims)

Do-Nguyen v. Clinton, 00-267 (S.D. Cal. 2000) (with 98 Senators) (variety of constitutional grievances)

Earls v. Justice, 11-887 (N.D. Ala. 2011) (with many Senators) (RICO complaint arising out of UPS Employment

Henry v. U.S., 07-4814 (N.D. III. 2007) (with 36 Senators) (tax dispute)

Hill v. Clinton, 00-859 (C.D. Cal. 2001) (all Senators) (paranoid conspiracy claims)

Hyland v. U.S., 99-658 (D.D.C. 1999) affirmed 99-5202 (9th Cir. 1999) (with 46 Senators) (prisoner civil rights)

Hyland v. Clinton, 99-993 (W.D. Mich. 2000) affirmed 00-1268 (6th Cir. 2001) (with 55 Senators)(prisoner civil rights)

Jenkel v. 77 Senators, 2003 WL 22016788 (N.D. Cal. 2003) (with 77 Senators)(Iraq military authorization)

Jenkel v. Akaka, 03-381 (N.D. Cal. 2003 ) (with 94 Senators)(Ridge confirmation grievance)

McMasters-Stone v. Biden, 12-2711 (E.D. Cal. 2013) (all Senators) (filibuster challenge)

Muhammed v. Specter, 06-5531 (N.D. Cal. 2006) (with 9 Senators) (civil rights)

Orta-Rivera v. Congress, 338 F. Supp.2d 272 (D.P.R. 2004) affirmed 04-2480 (1st Cir. 2005) (all Senators) (dispute over status of Puerto Rico)

Page v. Shelby, 995 F. Supp. 23 (D.D.C. 1998) affirmed 172 F.3d 920 (D.C. Cir. 1998) (with 99 Senators) (filibuster challenge)

Perales v. IRS, 10-2621 (N.D. Tex. 2010) (with 100s of defendants) (habeas petition)

Perales v. Microsoft Corp., 12-957 (D. S.C. 2012) (with 100s of defendants) (fanciful criminal allegations)

Perales v. Obama, 11-182 (D. Alaska 2011) (with 100s of defendants) (fanciful criminal allegations)

Riches v. Bush, 06-1055 (E.D. Pa. 2006) (with 100s of defendants) (paranoid conspiracy claims)

applicant Name (Company): Aetna Inc.	NAIC No.
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### **EXHIBIT B (continued)**

## RESPONSE TO ITEM 11(h)

### Named as defendant along with many Senators - all dismissed (continued)

Riches v. Bush, 07-4192 (N.D. III. 2007) (with 100s of defendants) (paranoid conspiracy claims)

Walker v. Members of Congress, 04-1977 (W.D. Wash. 2004) affirmed 05-35023 (9th Cir. 2006) (with all Members) (seeking repeal of 16th Amendment)

Young v. Levin, 00-60148 (E.D. Mich. 2000) (with 71 Senators) (military retiree health benefits grievance)

#### Voluntarily joined lawsuit

Cohen v. Rice, 992 F.2d 376 (1st Cir. 1993) (co-plaintiff in suit challenging base closure)

McConnell v. FEC, 540 U.S. 93 (2003) (intervened to defend campaign finance reform law)

NAIC N	0	
FEIN:	23-2229683	

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, RC61, Hartford, CT.

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

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

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

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

		I Name and Residence A		
- Channel A	The second second	Olympia J. Snowe		July 30, 2015 (Date)
te of New York	County of: Ne	wYork		(Date)
foregoing instrument was	acknowledged before i	me this 30 day of J	1 , 2015 by	Olympia J. Snowe, and:
			1	
who is personally known	to me, or			
		cense		in the second
who produced the followi		- COLO STEVENS	- Kel	we stevens
		CELERY D. STEVENS	/guil	Notary Public
who produced the followi	ng identification:	- COLO STEVENS	all a	Notary Public Printed Notary Name

Applicant	Name	(Compan	vi.	Aetna	Inc
Whhitemir	Liganic	(Compan	y /· .	ACIUA	IIIC.

NAIC No.		
	23-2229683	

## **BIOGRAPHICAL AFFIDAVIT**

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

(Print or Type)

Aet	na Inc.
151	Farmington Avenue
Har	tford, CT 06156 (860) 273-0123
here	onnection with the above-named entity, I herewith make representations and supply information about myself a inafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) If SWER IS "NO" OR "NONE," SO STATE.
1.	Affiant's Full Name (Initials Not Acceptable): First: Sharon Middle: Ann Last: Virag
2.	a. Are you a citizen of the United States?
	Yes X No
	b. Are you a citizen of any other country?
	Yes No X
	If yes, what country?
3.	Affiant's occupation or profession: Vice President, Controller and Chief Accounting Officer
4.	Affiant's business address: 151 Farmington Avenue, Hartford, CT 06156
	Business telephone: REDACTED Business Email: REDACTED
5.	Education and training:
Colle	ege/ University City/ State Dates Attended (MM/YY) Degree Obtained
Cali	fornia State University Hayward, CA Bachelor of Science, Accounting.
Grad	uate Studies: College/ University City/ State Dates Attended (MM/YY) Degree Obtained
None	
Othe	r Training: Name City/ State Dates Attended (MM/YY) Degree/Certification Obtained

Applicant Name (Company): _A	etna Inc.		NAIC No	
			FEIN:	23-2229683
<ol> <li>List of memberships in</li> </ol>	professional societie	es and associations:		
Name of		Address of		Telephone Number
Society/Association	Contact Name	Society/Association		of Society/Association
Certified Public Accountants	Unknown	State of Arizona		http://www.azaccountancy.gov/
				602.364.0804
7. Present or proposed pos	sition with the applic	ant entity: Vice President.	Controlle	r and Chief Accounting Officer
including present jobs, officerships). Please lis	positions, partnershi t the most recent fire	ips, owner of an entity, adm	ninistrator, f the space	apensated or otherwise (up to and manager, operator, directorates or e provided is insufficient. It is only ien (10) years.
Beginning/Ending				
Dates (MM/YY)	Employe	ers' Name Aetna Inc. and		
Address 151 Farmingt				State/Province CT
Country <u>USA</u> Postal Code <u>06</u> Type of Business: <u>Insurance</u>		CTED Offices/Positions He sor / Contact Shawn Gu		low
Beginning/Ending Dates (MM/YY)	Employ	ers' Name <u>AES Corporation</u> State/Province  22-1315 Offices/Position	onVA	ice-President, Corporate Controller
				Chief Accounting Officer
Type of Business: Energy	Supervisor / Con	tact Supervisor / Contact _		Tom O'Flynn
Beginning/Ending Dates (MM/YY) Address Via Perfetti Ricasoli. 7 Country Italy Postal Code 5012 Type of Business: Manufacturi	City 7 Phone (518) 385	ame General Electric Corp. Florence -2211_ Offices/Positions sor / Contact Supervisor / C	State/Prov Held Glob	al Controller, GE Oil & Gas
Beginning/Ending				
Dates (MM/YY)	Employ	yers' Name General Electri		
Address 1 River Rd.	City	Schenectady	State/Prov	ince New York
Country <u>USA</u> Postal Code <u>123</u> Type of Business: <u>Manufactur</u>		5-2211_ Offices/Position sor / Contact Supervisor / C		bal Controller, GE Power & Water Ric Silva
Beginning/Ending	T 100	and extremely the second of		
Dates (MM/YY)	Employers' N	Name General Motors		
Address 300 Renaissance	City Detroi	t State/Pro		Michigan
Country USA Postal Code 4824	3 Phone (313) 55	6-5000 Offices/Positions I	leld Asst	Corporate Controller, Financial Ass

Type of Business: Manufacturing

Supervisor / Contact: Nick Cypress

Applicant Name (Company): Aetha Inc.	FEIN: 23-2229683
	1211. AS-ERE/1005
Beginning/Ending	
Dates (MM/YY) Employers' Name G	eneral Motors
Address Jin Mao Towers City Shanghai St	
	O Offices/Positions Held Controller, GM Asia/Pacific
Type of Business: Manufacturing Supervisor / Contact: N	ick Cypress
Beginning/Ending	
Dates (MM/YY) Employers' Name General M	Motors
Address 300 Renaissance City Detroit	State/Province Michigan
Country <u>USA</u> Postal Code <u>48243</u> Phone (313) 556-500	O Offices/Positions Held <u>Director, Internal Control &amp;,</u> SOX Compliance
Type of Business: Manufacturing Supervisor / Co	
Beginning/Ending	
Dates (MM/YY) Employers' Name Public Co	omnany Accounting Oversight Board (PCAOR)
Address 1666 K St. NW City Washington State	
Country USA Postal Code 20006 Phone (202) 207-910	
	Implementation, Office of Chairman
Type of Business: Not-for-profit Supervisor / Contact	t:Mark Olson
Desiration To disc	
Beginning/Ending  Dates (MM/YY)  Employers' Name Public Co	manus Associating Occamishs Board (BCAOR)
Address 1666 K St. NW City Washington State/	
Country USA Postal Code Phone (202) 207-9100	the Chief Auditor
Type of Business: Not-for-profit Supervisor / Cont	act: Laura Phillips
Beginning/Ending Dates (MM/YY) Employers' Name Public Co Address City Washington State/Province Country USA Postal Code 20006 Phone (202) 207-9100	District of Columbia
Type of Business: Not-for-profit Supervisor / Cont	
The state of the s	
Beginning/Ending	
Dates (MM/YY) Employers' Name Deloitte & To	
Address 2901 N. Central Ave City Phoenix	
	ices/Positions Held Audit Senior Manager, Audit Mgr.
Type of Business: <u>CPA firm</u> Supervisor / Contact:	
Beginning/Ending	
Dates (MM/YY) Employers' Name Silicon Graph	ics Inc.
Address City Mountain View State/	
Country USA Postal Code Phone Offi	ces/Positions Held Financial Analyst - Manufacturing
Type of Business: Manufacturing Supervisor / Con	tact:
Beginning/Ending	Duna de
Dates (MM/YY) Employers' Name Measurex Cor	
Address City Cupertino State/Province	
Country USA Postal Code Phone Offi	ces/Positions Held Senior Internal Auditor,
Type of Business: Manufacturing Supervisor / Con	tact;
Beginning/Ending	
Dates (MM/YY) Employers' Name Grant Thornto	n LLP
Address City San Francisco State/	Province <u>California</u>
Country USA Postal Code Phone Offi	ces/Positions Held Audit Senior, Audit Staff.
Type of Business: CPA firm Supervisor / Contact:	

3

Revised 04/16/13 FORM 11

National Association of Insurance Commissioners

Applicant 1	Name (Company): Aetna Inc.	NAIC No.
		FEIN: 23-2229683
9. a.	. Have you ever been in a position which required a fide	lity bond?
	Yes No X	
	If any claims were made on the bond, give details:	
ь.	Have you ever been denied an individual or position revoked?	schedule fidelity bond, or had a bond canceled or
	Yes No X	
	If yes, give details:	
the nu are re pa	the past. For any non-insurance regulatory issuer, identify and the licensing authority or regulatory body having jurisdiction of umber is your Social Security Number (SSN) or embeds your tre reasonably identifiable as your SSN, then write SSN for the presented by your SSN. (For example, "SSN", "12-SSN-345 ages if the space provided is insufficient.	ver the license (s) issued. If your professional license SSN or any sequence of more than five numbers that hat portion of the professional license number that is 5" or "1234-SSN" (last 6 digits)). Attach additional
City Phoe		
	ypeCPA License # Date Issued (MM	
Non-insura	ance Regulatory Phone Number (if known)	
	n responding to the following, if the record has been sealed or one record was sealed or expunged, an affiant may respond "no"	
a.	Been refused an occupational, professional, or vocatio any public administrative, or governmental licensing ag	
	Yes No X	
b.	Had any occupational, professional, or vocational licer any judicial, administrative, regulatory, or disciplinary	
	Yes No X	
c.	Been placed on probation or had a fine levied against your license or permit in any judicial, administrative, regulat	
	Yes No X	

Applicant N	ame (Company): Aetna Inc.	NAIC No
d	Been charged with, or indicted for, any cri	minal offense(s) other than civil traffic offenses?
	Yes No X	
e.	Pled guilty, or nolo contendere, or beer offenses?	convicted of, any criminal offense(s) other than civil traffic
	Yes No X	
f		sentence imposed or suspended, had pronouncement of a sentence placed on probation, for any criminal offense(s) other than civil
	Yes No X	
g.	administrative, regulatory, or disciplinary action	er, or enjoined, either temporarily or permanently, in any judicial, on, from violating any federal, state law or law of another country es or banking, or from carrying out any particular practice or ince, securities or banking?
	Yes No X	
h.	Been, within the last ten (10) years, a party financial dispute?	to any civil action involving dishonesty, breach of trust, or a
	Yes No X	
L	provisions of small loan laws, banking or trus	ny state or the Federal Government that you have violated any st company laws, or credit union laws, or that you have violated mptroller of any state or the Federal Government?
	Yes No X	
j.	Had a lien or foreclosure action filed against yo	ou or any entity while you were associated with that entity?
	Yes No X	
	If the response to any question above is yes, p Attach a copy of the complaint and filed adjudi N/A	olease provide details including dates, locations, disposition, etc. cation or settlement as appropriate.
pose pers or n office hold	"control" (including the terms "controlling," session, direct or indirect, of the power to direct, whether through the ownership of voting son-management services, or otherwise, unless the held by the person. Control shall be presumed to the control shall be presu	e regulatory authority that you control directly or indirectly. The "controlled by" and "under common control with") means the ect or cause the direction of the management and policies of a ecurities, by contract other than a commercial contract for goods the power is the result of an official position with or corporate led to exist if any person, directly or indirectly, owns, controls, senting, ten percent (10%) or more of the voting securities of any
16.	w of the stock is pladed as hymotherated in an	way give details N/A

Do [Will] you or members of your immediate family individually or or of record, 10% or more of the outstanding shares of stock of ar regulatory authority, or its affiliates? An "affiliate" of, or person "affidirectly, or indirectly through one or more intermediaries, controls, with, the person specified.  Yes No X  If yes, please identify the company or companies in which the cumu the outstanding voting securities.  N/A  If any of the shares of stock are pledged or hypothecated in any way, N/A	ny entity subject to regulation by an insurance filiated" with, a specific person, is a person that or is controlled by, or is under common control alative stock holdings represent 10% or more of
or of record, 10% or more of the outstanding shares of stock of ar regulatory authority, or its affiliates? An "affiliate" of, or person "affidirectly, or indirectly through one or more intermediaries, controls, with, the person specified.  Yes No X  If yes, please identify the company or companies in which the cumu the outstanding voting securities.  N/A  If any of the shares of stock are pledged or hypothecated in any way,	ny entity subject to regulation by an insurance filiated" with, a specific person, is a person that or is controlled by, or is under common control alative stock holdings represent 10% or more of
If yes, please identify the company or companies in which the cumu the outstanding voting securities.  N/A  If any of the shares of stock are pledged or hypothecated in any way,	
the outstanding voting securities.  N/A  If any of the shares of stock are pledged or hypothecated in any way,	
	give details.
N/A	
Have you ever been adjudged a bankrupt?	
Yes No X	
If yes, provide details: N/A	
To your knowledge has any company or entity for which you we committee member, key management employee or controlling stock while you served in such capacity?  a. Been refused a permit, license, or certificate of authority	cholder, had any of the following events occur
licensing agency?	
Yes No X	
b. Had its permit, license, or certificate of authority suspended to any judicial, administrative, regulatory, or disciplinary receivership, conservatorship, federal bankruptcy proceeding similar proceeding)?	y action (including rehabilitation, liquidation,
Yes No X	
<ul> <li>Been placed on probation or had a fine levied against it authority in any civil, criminal, administrative, regulatory, or</li> </ul>	
Yes X No	
If the answer to any of the above is yes, please indicate and give det affiant should also include any events within twelve (12) months after Aetna Inc. and its affiliates' current and past business practices of Aet	r his or her departure from the entity, tna Inc. and its affiliates' are subject
to review by various state insurance and health regulatory authorities	and other state and lederal

or other sanctions.

Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties

Applicant Name	e (Company): Aetna Inc.	NAIC No FEIN:	23-2229683
c.	Been placed on probation or had a fine authority in any civil, criminal, administra		
	Yes X No		
affiant Aetna	answer to any of the above is yes, please in should also include any events within twelver and its affiliates' current and past busing	ve (12) months after his or her dess practices of Aetna Inc. and i	eparture from the entity. its affiliates' are subject
	ew by various state insurance and health regities, including State Attorneys General, As		
	tes regularly are the subject of such reviews		
some o	of which may be resolved during 2015. The	se reviews may result in change	s to or clarifications of
	Inc. and its affiliates' business practices, an er sanctions.	d have in the past, and in the fi	ature may, result in fines, penalties
VI VHI	1 Section 1		Salar Salar Salar Salar
Note:	If an affiant has any doubt about the accu and an explanation provided.	racy of an answer, the question	should be answered in the positive
Dated and signe am acting on my	ed this 9th day of July, 2015, at Hartford y own behalf, and that the foregoing statement	d. Connecticut I hereby cerents are true and correct to the b	tify under penalty of perjury that I est of my knowledge and belief.
s		Ist Sharon Do Virg	19
	(Signature of Affiant)		/ h
	Sharon Ann Virag		
State of Cont	necticut County of Hartford		
	nstrument was acknowledged before me this	9 <sup>th</sup> day of July, 2015	
By Sharon Ann	Virag, and:		
who is pers	onally known to me, or		
who produc	ed the following identification:		

JEANETTE S. SIRRINE
NOTARY PUBLIC
IN COMMISSION EXPIRES DEC. 31, 2019

Printed: Notary Name

My Commission Expires

[SEAL]

NAIC No.	Later and the second	
FEIN:	23-2229683	

# BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

#### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). Aetna Inc. 151 Farmington Avenue Hartford, CT 06156 1. Affiant's Full Name (Initials Not Acceptable): First: Sharon Middle: Ann Last: Virag IF ANSWER IS "NONE," SO STATE. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases? Yes X No If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. Beginning/Ending Reason (If none, indicate such) Name(s) Date(s) Used (MM/YY) Specify: First, Middle or Last Name REDACTED Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another. 3. Affiant's Social Security Number: REDACTED Government Identification Number if not a U.S. Citizen: 4. 5. Foreign Student ID# (if applicable). Date of Birth: (MM/DD/YY): REDACTED Place of Birth, City: REDACTED 6. State/Province: REDACTED Country: USA

Name of Affiant's Spouse (if applicable): REDACTED

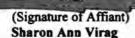
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Dates (MM/YY)	Address	City	Province	Country	Postal Code
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 9th day of July, 2015, at Hartford, Connecticut. 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.



151 Shunn A. Virag

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 9th day of July, 2015

by Sharon Ann Virag, and:

who is personally known to me, or

who produced the following identification:

[SEAL]

Signature: Notary Public

Printed: Notary Name

My Commission Expires

JEANETTE S. SIRRINE
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2019

NAIC No.	0				
FEIN:	23-2229683				

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156.

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 an state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

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

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

Sharon Ann Virag			2
(Propula Full A	40	idence Address)	Tuby 0, 2016
Sharon Ann Virag	3	si Sharun A. Vira	July 9, 2015 (Date)
State of <u>Connecticut</u> County of <u>I</u>	Hartford	_	
The foregoing instrument was acknowledged before me	e this 9th day	of July, 2015	
By Sharon Ann Virag, and			
who is personally known to me, or			
who produced the following identification:			
[SEAL]		Jeani	Signature: Notary Public
			Printed: Notary Name
		<del></del>	My Commission Expires
DNational Association of Insurance Commissioners	10	JEANETTE S. S	IRRINE. Revised 04/16/13

MY COMMISSION EXPIRES DEC. 31, 70