

MEMORANDUM OF PROFESSIONAL LIABILITY INSURANCE

Current as of:
July 01, 2011

PRODUCER

MARSH USA INC
500 WEST MONROE STREET
CHICAGO, ILLINOIS 60661
UNITED STATES OF AMERICA

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INSURED

WALGREEN CO.
1417 LAKE COOK ROAD; SUITE L263
DEERFIELD, ILLINOIS 60015-5223
UNITED STATES OF AMERICA

COMPANIES AFFORDING COVERAGE

NAIC

| | | |
|-----------|--|-------|
| COMPANY A | SELF INSURANCE | N/A |
| COMPANY B | NATIONAL UNION FIRE INS. CO. OF PITTS PA | 19445 |
| COMPANY C | | |
| COMPANY D | | |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MEMORANDUM MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LETTER | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE | LIMITS | |
|-----------|--|---------------|-----------------------|------------------------|--|-----------------|
| | | | | | LIMITS IN USD UNLESS OTHERWISE INDICATED | |
| A | PROFESSIONAL LIABILITY | Self-Insured | 01-Jul-2011 | 01-Jul-2012 | EACH OCCURRENCE | \$ \$10,000,000 |
| | <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR | | | | AGGREGATE | \$ \$10,000,000 |
| | <input checked="" type="checkbox"/> PHARMACISTS | | | | | \$ |
| | <input checked="" type="checkbox"/> NURSES | | | | | \$ |
| | <input checked="" type="checkbox"/> EMPLOYED PHYSICIANS | | | | | \$ |
| | <input checked="" type="checkbox"/> OTHER CLINICAL PROFESSIONALS | | | | | \$ |
| | <input checked="" type="checkbox"/> LAWYERS | | | | | \$ |
| | <input checked="" type="checkbox"/> ENGINEERS | | | | | \$ |
| | <input checked="" type="checkbox"/> ARCHITECTS | | | | | \$ |
| | <input checked="" type="checkbox"/> ALL OTHER PROFESSIONALS | | | | | \$ |
| B | EXCESS LIABILITY | 25030362 | 01-Jul-2011 | 01-Jul-2012 | EACH OCCURRENCE | \$ \$5,000,000 |
| | <input checked="" type="checkbox"/> UMBRELLA FORM | | | | AGGREGATE | \$ \$5,000,000 |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | | \$ |
| | OTHER COVERAGE | | | | | \$ |
| | <input type="checkbox"/> | | | | | \$ |
| | <input type="checkbox"/> | | | | | \$ |
| | <input type="checkbox"/> | | | | | \$ |

ADDITIONAL INFORMATION

Walgreens and its subsidiaries maintain a comprehensive program of insurance and self-insurance to protect our company interests as required by the terms of our signed contract, lease, and/or agreement. Any claim made against the above reference Professional Liability coverage should be sent to the Walgreens Insurance & Risk Management Department, 1417 Lake-Cook Road, MS# L263, Deerfield, Illinois 60015