MEMORANDUM OF PROFESSIONAL L	Current as of: June 30, 2016					
PRODUCER MARSH USA INC 540 W. MADISON CHICAGO, ILLINOIS 60661 UNITED STATES OF AMERICA	540 W. MADISON use only and confers no rights upon any viewer of this Memorandum CHICAGO, ILLINOIS 60661 the policy. This Memorandum does not amend, extend or alter the c					
INSURED	COMPANIES AFFORDING COVERAGE	NAIC #				
WALGREEN CO. AND SUBSIDIARIES	A STEADFAST INSURANCE COMPANY	26387				
300 WILMOT RD., MS #3108 DEERFIELD, ILLINOIS 60015-5223	COMPANY B					
UNITED STATES OF AMERICA	COMPANY C					
	COMPANY D					
COVERACEC						

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		
COLLITER							
	HEALTH CARE PROFESSIONAL LIABILITY				EACH MEDICAL INCIDENT	\$	
					AGGREGATE	> \$ \$	
	HEALTH CARE PROFESSIONAL LIABILITY - EXCESS UMBRELLA FORM	HPC5761488-03	7/1/2016	7/1/2017	EACH MEDICAL INCIDENT AGGREGATE	\$	\$5,000,000 \$5,000,000
	X OTHER THAN UMBRELLA FORM				Self-Insured Retention	\$ \$ \$ \$	\$5,000,000
ADDIT	IONAL INFORMATION					\$	

Walgreen Co. and its subsidiaries including Take Care Health Systems, Inc. are insured under a comprehensive program of insurance in excess of various self-insured retentions. Coverage is provided for claims, including defense costs, for which Walgreen Co. is legally liable.

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.