

<b>MEMORANDUM OF PROFESSIONAL LIABILITY INSURANCE</b>	<b>Current as of: October 20, 2017</b>
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<b>PRODUCER</b> MARSH USA INC 540 W. MADISON CHICAGO, ILLINOIS 60661 UNITED STATES OF AMERICA	This Memorandum is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Memorandum other than those provide for in the policy. This Memorandum does not amend, extend or alter the coverage described below. This Memorandum may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Memorandum without prior written consent is prohibited.
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<b>INSURED</b>  WALGREEN CO. AND SUBSIDIARIES 300 WILMOT RD., MS #3108 DEERFIELD, ILLINOIS 60015-5223 UNITED STATES OF AMERICA	<b>COMPANIES AFFORDING COVERAGE</b>		<b>NAIC #</b>
	COMPANY A	STEADFAST INSURANCE COMPANY	26387
	COMPANY B		
	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	<b>HEALTHCARE PROFESSIONAL LIABILITY</b>	HPC5761488-04	7/1/2017	7/1/2018	EACH MEDICAL INCIDENT	\$ 5,000,000
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIABILITY				SELF-INSURED RETENTION	\$ 5,000,000
						\$
A	<b>DRUGGIST PROFESSIONAL LIABILITY</b>	HPC5761488-04	7/1/2017	7/1/2018	EACH MEDICAL INCIDENT	\$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIABILITY				AGGREGATE	\$ 5,000,000
					SELF-INSURED RETENTION	\$ 20,000,000
						\$
						\$
						\$
						\$

**ADDITIONAL INFORMATION**

Coverage applies to Walgreen Co. and its subsidiaries, including but not limited to Healthcare Clinic Solutions, LLC and its wholly owned subsidiary, Take Care Health Systems, LLC, with respect to services provided in the United States, Puerto Rico and the United States Virgin Islands.

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