

**21**

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(Check only) Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG <input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)	
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Cardinal Health 108, LLC

Physical Address: 233 Mason Road, LaVergne, TN 37086  
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 7000 Cardinal Health, Attn: QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 615-793-4400 Fax: 614-553-9535

E-mail: licensure@cardinalhealth.com Website: www.cardinalhealth.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6 am to 9 pm Tue: 6 am to 9 pm Wed: 6 am to 9 pm Thu: 6 am to 9 pm Fri: 6 am to 9 pm  
 Sat: N/A to Sun: N/A to Holidays: N/A to

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Marcus Oliver

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Gases**<br><input type="checkbox"/> Respiratory Equipment**<br><input type="checkbox"/> Life-sustaining equipment**<br><input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment<br><input type="checkbox"/> Parenteral and Enteral Equipment**<br><input type="checkbox"/> Orthotics and Prosthesis<br>Other: <u>Prescription Drugs and OTC</u> |
|--|--|

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

<input type="checkbox"/> Practitioner	Name: _____
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

- 1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? *See attached.* Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

WAK  
Original Signature of Person Authorized to Submit Application, no copies or stamps

William Crates

Print Name of Authorized Person

1-10-2020  
Date

Board Use Only

Received: \_\_\_\_\_

Amount: 500.00

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware  
 Parent Company if any: Cardinal Health, Inc  
 Corporation Name: Cardinal Health 108, LLC  
 Mailing Address: 7000 Cardinal Place, Attn: QRA  
 City: Dublin State: OH Zip: 43017  
 Telephone: 614-553-3076 Fax: 614-652-0282  
 License Contact Person: Cynthia Rhodes

Ownership Information – Complete Section 1 or 2

**Do not use N/A in this section – Section 1 or 2 must be completed.**

**Section 1:** List the corporations four largest shareholders:  
 (Name and percentage of ownership)

1. <u>Cardinal Health, Inc</u>	%: <u>100</u>
2. _____	%: _____
3. _____	%: _____
4. _____	%: _____

**Section 2:** If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: October 29, 1996  
 Registration number issued: 535613  
 Stock Exchange: NYSE

**Include with the application for a publicly traded corporation**

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.



December 20, 2019

Dave Wuest, Executive Secretary  
Nevada State Board of Pharmacy  
985 Damonte Ranch Pkwy, Ste. 206  
Reno, NV 89521

RE: Explanation of Disciplinary History  
Cardinal Health 110, LLC, LaVergne, TN

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our renewal application for an Out-of-State MDEG License. We have one matter to disclose. **Please note that this facility located in LaVergne, TN to which this application pertains, has not had any administrative actions or disciplinary issues to date.**

Cardinal Health operates approximately seventy-five distribution facilities across the United States. As a health care provider, a number of Cardinal Health's operating subsidiaries are subject to regulation by various governmental agencies, including the U.S. Drug Enforcement Administration (DEA), the U.S. Food and Drug Administration (FDA) and other regulatory bodies such as state pharmacy boards. From time to time, these entities are inspected by these government agencies and certain subsidiaries have, in the past, paid fines to resolve various alleged violations. To date, none of these violations have resulted in actions against Cardinal Health's license(s) or ability to operate; to the best of our knowledge, the only exceptions to this are listed below or have been disclosed in a prior submission.

On May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and

the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay \$44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia \$20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility \$500 in administrative fees, and the California Board fined the facility \$1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. We have invested significant resources to implement a robust anti-diversion system that includes the use of advanced analytics. We have hired teams of anti-diversion specialists and investigators to identify red flags that could signal potential diversion. Over the past four years, we stopped shipping controlled substances to hundreds of pharmacies because we believed they posed an unreasonable risk of diversion.

We want to work collaboratively with all participants in the drug supply chain – including regulators, pharmaceutical manufacturers, distributors, pharmacists, doctors and boards of pharmacy – to combat controlled substance diversion. We want to work with all parties to find a more effective approach to stop prescription drug abuse without disrupting legitimate use.

If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

William Crates

**BARBARA K. CEGAVSKE**  
Secretary of State

**KIMBERLEY PERONDI**  
Deputy Secretary for  
Commercial Recordings

**STATE OF NEVADA**



**OFFICE OF THE  
SECRETARY OF STATE**

*Commercial Recordings & Notary Division*  
202 N. Carson Street  
Carson City, NV 89701  
Telephone (775) 684-5708  
Fax (775) 684-7138  
North Las Vegas City Hall  
2250 Las Vegas Blvd North, Suite 400  
North Las Vegas, NV 89030  
Telephone (702) 486-2880  
Fax (702) 486-2888

Roy Watts  
233 Mason Road Attn: QRA  
Laverne, TN 37086

**Work Order #: W2019121900133**  
December 19, 2019  
Receipt Version: 1

**Special Handling Instructions:**

**Submitter ID: 169477**

**Charges**

Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	20190363063	12/19/2019 7:57:04 AM	Approved	1	\$50.00	\$50.00
Total						\$50.00

**Payments**

Type	Description	Payment Status	Amount
Credit Card	5767710118876128603049	Success	\$50.00
Total			\$50.00

**Credit Balance: \$0.00**

Roy Watts  
233 Mason Road Attn: QRA  
Laverne, TN 37086



# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CARDINAL HEALTH 108, LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/06/2014, and is in good standing in this state.

I further certify that the above FOREIGN LIMITED-LIABILITY COMPANY has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/19/2019.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B20191219451741

You may verify this certificate  
online at <http://www.nvsos.gov>



June 30, 2019

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at [www.cardinalhealth.com](http://www.cardinalhealth.com). The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to [GMB-DUB-Risk Management@cardinalhealth.com](mailto:GMB-DUB-Risk Management@cardinalhealth.com).

Denise Johnston  
Director, Risk Management

JPK/as

enc.



# CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)  
07/01/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA		<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:															
<b>INSURED</b> Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: XL Insurance America Inc</td> <td>24554</td> </tr> <tr> <td>INSURER B: XL Specialty Insurance Co</td> <td>37885</td> </tr> <tr> <td>INSURER C: Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: XL Insurance America Inc	24554	INSURER B: XL Specialty Insurance Co	37885	INSURER C: Greenwich Insurance Company	22322	INSURER D:		INSURER E:		INSURER F:	
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INSURER C: Greenwich Insurance Company	22322																
INSURER D:																	
INSURER E:																	
INSURER F:																	

**COVERAGES**
**CERTIFICATE NUMBER: 570077280044**
**REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

Limits shown are as requested

INSUR LTR	TYPE OF INSURANCE	ADD'L INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RGD943716714 AOS, PR	06/30/2019	06/30/2020	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG Excluded Liquor Liability Lim Included
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> in			RAD9437168-14	06/30/2019	06/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION			US00009085LI19A SIR applies per policy terms & conditions	06/30/2019	06/30/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 Products/Completed O Excluded
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	RWD943512514 (AOS) RWR943512614 (WI)	06/30/2019	06/30/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$5,000,000 E.L. DISEASE-EA EMPLOYEE \$5,000,000 E.L. DISEASE-POLICY LIMIT \$5,000,000
B	Excess WC			RWE943514314 (OH) SIR applies per policy terms & conditions	06/30/2019	06/30/2020	EL Each Accident \$4,500,000 EL Disease - Ea Emp \$4,500,000 SIR \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**
**CANCELLATION**

Cardinal Health, Inc. 7000 Cardinal Place Dublin OH 43017 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

Holder Identifier:

Certificate No: 570077280044

**AGENCY CUSTOMER ID: 570000070825**

**LOC #:**



### ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.
POLICY NUMBER See Certificate Number: 570077280044		
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

## ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

[illegible]

AGENCY CUSTOMER ID: 570000070825

LOC #:



# **ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044			
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE:	

## **ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

### **Evidence of Coverage**

As respects the Commercial General Liability Policy:  
 Additional Insured Managers or Lessors of Premises : as required by written contract  
 Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract  
 Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:  
 Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos  
 Lessor - Additional Insured: all leased autos.  
 The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".  
 Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:  
 Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

AGENCY CUSTOMER ID: 570000070825

LOC #:



# **ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044			
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE:	

## **ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

### **Named Insured Listing**

Named Insured Listing for June 30, 2019 - June 30, 2020 includes but is not limited to the following:

A+ Secure Packaging, LLC  
 Abilene Nuclear, LLC  
 Access Closure, Inc.  
 Acuity GPO, LLC  
 Aero-Med, Ltd.  
 Allegiance (BVI) Holding Co. Ltd.  
 Allegiance Corporation  
 Allegiance Healthcare (Labuan) Pte. Ltd.  
 Allegiance I, LLC  
 Allegiance Labuan Holdings Pte. Ltd.  
 API (Suppliers) Limited  
 AssuraMed Acquisition Corp.  
 AssuraMed Group, Inc.  
 AssuraMed Holding, Inc.  
 AssuraMed Intermediate Holding, Inc.  
 AssuraMed, Inc.  
 C. International, Inc.  
 Cardinal Distribution Holding Corporation - I  
 Cardinal Distribution Holding Corporation - II  
 Cardinal Health 100, Inc.  
 Cardinal Health 104 LP  
 Cardinal Health 105, Inc.  
 Cardinal Health 107, LLC  
 Cardinal Health 108, LLC  
 Cardinal Health 110, LLC  
 Cardinal Health 112, LLC  
 Cardinal Health 113, LLC  
 Cardinal Health 114, Inc.  
 Cardinal Health 115, LLC  
 Cardinal Health 116, LLC  
 Cardinal Health 118, LLC  
 Cardinal Health 119, LLC  
 Cardinal Health 121, LLC  
 Cardinal Health 122, LLC  
 Cardinal Health 123, LLC  
 Cardinal Health 124, LLC  
 Cardinal Health 125, LLC  
 Cardinal Health 126, LLC  
 Cardinal Health 127, Inc.  
 Cardinal Health 128, LLC  
 Cardinal Health 130, LLC  
 Cardinal Health 131, LLC  
 Cardinal Health 132, LLC  
 Cardinal Health 2, LLC  
 Cardinal Health 200, LLC  
 Cardinal Health 201 Canada L.P.  
 Cardinal Health 201, Inc.  
 Cardinal Health 215, LLC  
 Cardinal Health 222 (Thailand) Ltd.  
 Cardinal Health 242, LLC  
 Cardinal Health 246, Inc.  
 Cardinal Health 247, Inc.  
 Cardinal Health 249, LLC  
 Cardinal Health 250 Dutch C.V.  
 Cardinal Health 251, LLC  
 Cardinal Health 252, LLC  
 Cardinal Health 253, LP

AGENCY CUSTOMER ID: 570000070825

LOC #:



# **ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044			
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE	

## **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

### **Named Insureds Continued**

Cardinal Health 3, LLC  
 Cardinal Health 414, LLC  
 Cardinal Health 418, Inc.  
 Cardinal Health 5, LLC  
 Cardinal Health 500, LLC  
 Cardinal Health 524, LLC  
 Cardinal Health 529, LLC  
 Cardinal Health 6, Inc.  
 Cardinal Health 7, LLC  
 Cardinal Health 8, LLC  
 Cardinal Health Australia 503 Pty Ltd.  
 Cardinal Health Austria 504 GmbH  
 Cardinal Health Belgium 505 BVBA  
 Cardinal Health Canada Holdings Cooperatie U.A.  
 Cardinal Health Canada Inc.  
 Cardinal Health Capital Corporation  
 Cardinal Health Cardiology Solutions, LLC  
 Cardinal Health Chile Limitada  
 Cardinal Health Colombia S.A.S.  
 Cardinal Health Commercial Technologies, LLC  
 Cardinal Health Corporate Solutions, LLC  
 Cardinal Health D.R. 203 II Ltd.  
 Cardinal Health Denmark Aps  
 Cardinal Health do Brasil Ltda.  
 Cardinal Health Finance  
 Cardinal Health Finland Oy  
 Cardinal Health Foundation  
 Cardinal Health France 506 SAS  
 Cardinal Health Funding, LLC  
 Cardinal Health Germany 507 GmbH  
 Cardinal Health Germany Manufacturing GmbH  
 Cardinal Health Holding International, Inc.  
 Cardinal Health International Philippines, Inc.  
 Cardinal Health IPS, LLC  
 Cardinal Health Ireland 419 Designated Activity Company  
 Cardinal Health Ireland 508 Limited  
 Cardinal Health Ireland Manufacturing Limited  
 Cardinal Health Ireland Unlimited Company  
 Cardinal Health Italy 509 S.r.l.  
 Cardinal Health Japan G.K.  
 Cardinal Health Korea Limited  
 Cardinal Health Luxembourg 420 S.a.r.l.  
 Cardinal Health Luxembourg 522 S.a.r.l.  
 Cardinal Health Malaysia 211 Sdn. Bhd.  
 Cardinal Health Malta 212 Limited  
 Cardinal Health Managed Care Services, LLC  
 Cardinal Health Medical Products India Private Limited  
 Cardinal Health Mexico 244 S. de R.L. de C.V.  
 Cardinal Health Mexico 514 S. de R.L. de C.V.  
 Cardinal Health Middle East FZ-LLC  
 Cardinal Health MPB, Inc.  
 Cardinal Health Napoleon Holding, LLC  
 Cardinal Health Netherlands 502 B.V.  
 Cardinal Health Netherlands 525 Coöperatie U.A.  
 Cardinal Health Netherlands 528 B.V.  
 Cardinal Health Norway AS

AGENCY CUSTOMER ID: 570000070825

LOC #:



# **ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044			
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE:	

## **ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

### **Named Insureds Continued**

Cardinal Health P.R. 120, Inc.  
 Cardinal Health P.R. 218, Inc.  
 Cardinal Health P.R. 220, LLC  
 Cardinal Health P.R. 436, Inc.  
 Cardinal Health Pharmaceutical Contracting, LLC  
 Cardinal Health Pharmacy Services, LLC  
 Cardinal Health Poland Spółka z ograniczona odpowiedzialnoscia  
 Cardinal Health Portugal 513, Unipessoal Lda.  
 Cardinal Health Singapore 225 Pte. Ltd.  
 Cardinal Health Spain 511 S.L.  
 Cardinal Health Specialty Pharmacy, LLC  
 Cardinal Health Sweden 512 A.B.  
 Cardinal Health Switzerland 515 GmbH  
 Cardinal Health Systems, Inc.  
 Cardinal Health Technologies Switzerland GmbH  
 Cardinal Health Technologies, LLC  
 Cardinal Health U.K. 418 Limited  
 Cardinal Health U.K. 432 Limited  
 Cardinal Health U.K. Holding Limited  
 Cardinal Health U.K. International Holding LLP  
 Cardinal Health, Inc.  
 Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.  
 Cirpro de Delicias S.A. de C.V.  
 Clinic Pharmacies III, LLC  
 Clinic Pharmacies, LLC  
 Community Pharmacy Enterprises, LLC  
 Convertors de Mexico S.A. de C.V.  
 Cordis (Shanghai) Medical Devices Co., Ltd.  
 Cordis Cashel Unlimited Company  
 Cordis Corporation  
 Cornerstone Partners G.P.O., L.P.  
 Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)  
 Covidien Ireland Limited (Inactive)  
 Covidien Manufacturing Solutions, S.A.  
 Dutch American Manufacturers II (D.A.M. II) B.V.  
 Ellipticare, LLC  
 EPIC Insurance Company  
 Especialidades Medicas Kenmex S.A. de C.V.  
 Flexible Stenting Solutions, Inc.  
 Frog Horned Capital, Inc.  
 Generic Drug Holdings, Inc.  
 Griffin Capital, LLC  
 HDG Acquisition, Inc.  
 imgRx Healdsburg, Inc.  
 imgRx Salud, Inc.  
 imgRx SJ Valley, Inc.  
 imgRx SLO, Inc.  
 imgRx Sonoma, Inc.  
 InnerDyne Holdings, Inc.  
 Innovative Therapies, Inc.  
 Instant Diagnostic Systems, Inc.  
 InteCardia-Tennessee East Catheterization, LLC  
 ITI Sales, LLC  
 Kendall-Gammatron Limited  
 Killilea Development Company, Ltd.  
 Kinray I, LLC  
 KPR Australia Pty. Ltd.  
 KPR Switzerland Sales GmbH  
 KPR U.S., LLC  
 Leader Drugstores, Inc.



AGENCY CUSTOMER ID: 570000070825

LOC #:



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Page \_ of \_

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## **ADDITIONAL REMARKS**

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**FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

### **Named Insureds Continued**

Limited Liability Company "Cardinal Health Russia"  
 Ludlow Technical Products Canada, Ltd.  
 Marin Apothecaries  
 Medicap Pharmacies Incorporated  
 Medicine Shoppe Capital Corporation  
 Medicine Shoppe International, Inc.  
 Medicine Shoppe Internet, Inc.  
 Mediquip Sdn. Bhd.  
 Mirixa Corporation  
 MSCRIPTS HOLDING, LLC  
 MSCRIPTS, LLC  
 NeuroLogic GPO, LLC  
 Nippon Covidien Ltd.  
 One Cloverleaf, LLC  
 Outcomes Incorporated  
 Owen Shared Services, Inc.  
 Pharmacy Operations Of New York, Inc.  
 Pharmacy Operations, Inc.  
 Physicians Purchasing, Inc.  
 Pinnacle Intellectual Property Services, Inc.  
 Pinnacle Intellectual Property Services-International, Inc.  
 Quiroproductos de Cuauhtemoc S. de R.L. de C.V.  
 RainTree Administrative Services, LLC  
 RainTree Care Management, LLC  
 RainTree GPO, LLC  
 Ransdell Surgical, Inc.  
 Red Oak Sourcing, LLC  
 Renal Purchasing Group, LLC  
 RGH Enterprises, Inc.  
 RT Oncology Services Corporation  
 Rx realtime, Inc.  
 Sierra Radiopharmacy, L.L.C.  
 Sonexus Health Access & Patient Support, LLC  
 Sonexus Health Distribution Services, LLC  
 Sonexus Health Financial Solutions, LLC  
 Sonexus Health Pharmacy Services, LLC  
 Sonexus Health, LLC  
 TelePharm, LLC  
 The Harvard Drug Group, L.L.C.  
 Tianjin ITI Trading Company  
 Tradex International, Inc.  
 UroMed, Inc.  
 Wavemark Lebanon Offshore s.a.l.  
 Wavemark, Inc.



233 Mason Road  
LaVergne, Tennessee 37086

Officer Name	Title	Company	Business Address	Business Phone Number	Percentage of Ownership
William Stanton Crates	Vice President, QRA Management	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	614-757-6175	0%
Ullrich Conrad Mayeski	Vice President, QRA Management	Cardinal Health 108, LLC	7000 Cardinal Place Dublin, OH 43017	614-757-7544	0%
Joseph I. DePinto	President, Specialty Solutions	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	614-757-1644	0%
David Linden Barber	Senior Vice President, Regulatory Affairs Counsel	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	614-757-7721	0%
Brian James Bejarano	VP, Operations Mgmt	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	615-213-0317	0%

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