

VIRTUA HEALTH, INC.

2023 CONFLICT OF INTEREST DISCLOSURE STATEMENT

I do hereby state and affirm that I have been provided a copy of the Virtua Health, Inc. Conflict of Interest Policy (the "Policy"). I have reviewed the Policy, and agree to comply with its terms and provisions. As such, I freely and voluntarily offer the following disclosure of information so that the Corporate Compliance Officer may determine whether any potential conflict of interest exists.

For purposes of this Disclosure Statement, the term "affiliated person" shall mean (i) any member of my family and/or household (whether related by blood, adoption, marriage or domestic partner); (ii) any corporation or organization of which I am a board member, an officer, a partner, participate in management or am employed by, or am, directly or indirectly, a debt holder, a holder of a financial interest, the beneficial owner of any class of equity securities or receive compensation from; or (iii) any trust or other estate in which I have a substantial beneficial interest or as to which I serve as a trustee or in a similar capacity.

The term "compensation" shall mean any direct or indirect remuneration as well as gifts, gratuities, or favors that are not insubstantial.

Please use the space provided below to give detailed responses to the requested information. If additional space is needed, please attach additional pages being sure to reference the specific question to which you are responding.

1. During the past year, did you or any of your affiliated persons, directly or indirectly, or through business or investment:
 - a. Have an ownership or investment interest greater than **5%** in any entity in which Virtua Health, Inc. and/or its subsidiary corporations has a business relationship? If yes, please note percentage.
NO ___ **YES** ___ **[EXPLAIN]** _____
 - b. Have a compensation arrangement with Virtua Health, Inc. and/or its subsidiary corporations? (Note: please exclude compensation received as a Virtua employee, if applicable.)
NO ___ **YES** ___ **[EXPLAIN]** _____
 - c. Have a compensation arrangement with any entity or individual with which Virtua Health, Inc. and /or its subsidiary corporations has a business relationship?
NO ___ **YES** ___ **[EXPLAIN]** _____
 - d. Have a pending or option to purchase an ownership or investment interest in, or compensation arrangement with, any entity or individual with which Virtua Health, Inc. and/or its subsidiary corporations is negotiating a business transaction, agreement or venture?
NO ___ **YES** ___ **[EXPLAIN]** _____
 - e. Have an ownership interest or investment or compensation arrangement with any entity that competes with Virtua Health, Inc and/or any of its subsidiary corporations?
NO ___ **YES** ___ **[EXPLAIN]** _____
2. Are you or any of your affiliated persons, including business associates or partners, on the Board of Trustees, Directors or a member of the senior management of any entity which competes with Virtua Health, Inc. or any of its subsidiary corporations?
NO ___ **YES** ___ **[EXPLAIN]** _____
3. Are you or any of your affiliated persons:
 - a. Indebted to pay money or other valuable consideration to Virtua Health, Inc. and/or any of its subsidiary corporations during the past year?
NO ___ **YES** ___ **[EXPLAIN]** _____
 - b. A party to, or have an interest in any pending or anticipated legal proceedings involving Virtua Health, Inc. and/or any of its subsidiary corporations?
NO ___ **YES** ___ **[EXPLAIN]** _____
4. List and describe any other interest, activities, litigation or circumstances that you believe may give rise to conflict or potential conflict of interest, as defined above.

Should there be any changes to the information above (due to changed circumstances or otherwise), I will report it, in writing to the Virtua's Corporate Compliance Officer within 30 days from such change occurring.

I hereby certify that the above statements are true and correct, to the best of my knowledge.

Signature _____ **Position** _____ **Date** _____

Print Name _____