



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

HealthSpring Life & Health Insurance Company, Inc.

NAIC Group Code 0901 0901 NAIC Company Code 12902 Employer's ID Number 20-8534298
(Current) (Prior)

Organized under the Laws of Texas, State of Domicile or Port of Entry TX

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 02/27/2007 Commenced Business 02/27/2007

Statutory Home Office 2800 North Loop West, Suite 500, Houston, TX, US 77092
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 Great Circle Road
(Street and Number)
Nashville, TN, US 37228, 615-291-7000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 500 Great Circle Road, Nashville, TN, US 37228
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 500 Great Circle Road
(Street and Number)
Nashville, TN, US 37228, 615-291-7000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.cignahealthspring.com

Statutory Statement Contact Connie Schmidt Ansley, 615-564-3480
(Name) (Area Code) (Telephone Number)
regulatory@healthspring.com, 615-401-4566
(E-mail Address) (FAX Number)

OFFICERS

President & Chief Executive Officer Aparna Abburi Appointed Actuary Rebecca Skripol #
Chief Financial Officer Gregory J Czar Secretary Geneva Brown #

OTHER

Dudley Gerow, Vice President Thomas Andrew Young, Compliance Officer Scott Ronald Lambert, Vice President & Treasurer

DIRECTORS OR TRUSTEES

Dudley Gerow Gregory J Czar

State of Pennsylvania SS
County of Philadelphia

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Aparna Abburi
President and Chief Executive Officer

Gregory J. Czar
Chief Financial Officer

Rebecca Skripol
Appointed Actuary

Subscribed and sworn to before me this _____ day of _____

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	83,458,335	412,054,288	341,173	111,876,704	83,799,508	87,391,966
2. Claim overpayment receivables	3,422,631	3,306,033	895,481	7,574,729	4,318,112	801,733
3. Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	4,947	25,615	4,947	4,947
5. Risk sharing receivables	54,890,697	17,773,369	1,178,103	20,749,448	56,068,800	61,843,322
6. Other health care receivables.....	4,262,270	5,452,775	35,607,936	3,162,831	39,870,206	6,845,732
7. Totals (Lines 1 through 6)	146,033,933	438,586,465	38,027,640	143,389,327	184,061,573	156,887,700

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
HealthSpring Management of America, LLC	Management Fee	81,273,280	81,273,280	
HealthSpring Management of America, LLC	QI & PES Fees	1,794,365	1,794,365	
HealthSpring, Inc.	Convey Health Solutions	5,986,026	5,986,026	
Cigna Health & Life Insurance Company	Part D rebates, coverage gap discount, EGWP	19,638,946	19,638,946	
Bravo Health Pennsylvania, Inc.	Part D rebates, coverage gap discount, EGWP	8,111,516	8,111,516	
Cigna Healthcare of Georgia	Part D rebates, coverage gap discount, EGWP	4,409,834	4,409,834	
HealthSpring of Florida, Inc.	Part D rebates, coverage gap discount, EGWP	3,731,267	3,731,267	
Cigna Healthcare of Arizona	Part D rebates, coverage gap discount, EGWP	3,427,714	3,427,714	
Bravo Health Mid-Atlantic, Inc.	Part D rebates, coverage gap discount, EGWP	2,437,083	2,437,083	
Cigna Healthcare of North Carolina	Part D rebates, coverage gap discount, EGWP	2,417,734	2,417,734	
Cigna Healthcare of South Carolina	Part D rebates, coverage gap discount, EGWP	860,627	860,627	
Cigna Healthcare of Colorado	Part D rebates, coverage gap discount, EGWP	477,734	477,734	
Cigna Healthcare of St. Louis	Part D rebates, coverage gap discount, EGWP	207,517	207,517	
Cigna Healthcare of Connecticut	Part D rebates, coverage gap discount, EGWP	20,877	20,877	
0199999. Individually listed payables		134,794,520	134,794,520	0
0299999. Payables not individually listed		10,281,190	10,281,190	
0399999 Total gross payables		145,075,710	145,075,710	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.
EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	1,003,116,640	28.1	1,928,039	757.4		1,003,116,640
2. Intermediaries	283,474,279	8.0	1,022,484	401.7	8,081,059	275,393,220
3. All other providers	68,849,007	1.9	187,741	73.8	562,710	68,286,297
4. Total capitation payments	1,355,439,926	38.0	3,138,264	1,232.9	8,643,769	1,346,796,157
Other Payments:						
5. Fee-for-service	1,960,863,743	55.0	XXX	XXX		1,960,863,743
6. Contractual fee payments	253,848,970	7.1	XXX	XXX		253,848,970
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	(5,977,108)	(0.2)	XXX	XXX		(5,977,108)
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		0
12. Total other payments	2,208,735,605	62.0	XXX	XXX	0	2,208,735,605
13. TOTAL (Line 4 plus Line 12)	3,564,175,531	100%	XXX	XXX	8,643,769	3,555,531,762

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	BLOCK VISION INC	(204)	(17)		
	CIGNA BEHAVIORAL HEALTH	229,140	19,095		
	CIGNA HEALTH & LIFE INSURANCE COMPANY	8,040,485	670,040		
	CULLMAN PRIMARY CARE IPA LLC	5,510,877	459,240		
	DALLAS IPA LLC	5,615,907	467,992		
	DELTA DENTAL INSURANCE COMPANY	3			
	DENTAQUEST LLC	589	49		
	DENTAQUEST USA INSURANCE COMPANY INC	(4,395)	(366)		
	ETOWAH IPA LLC	6,767,904	563,992		
	EYEMED INSURANCE COMPANY	(287,749)	(23,979)		
	GREATER CHICAGO PHYSICIANS GROUP LLC	2,660,480	221,707		
	HATTIESBURG IPA LLC	27,138,880	9,046,293		
	IRON CITY IPA LLC	34,409,645	2,867,470		
	KMG IPA LLC	44,262	3,689		
	LIGHTHOUSE IPA LLC	13,140,927	4,380,309		
	LITTLE RIVER CANYON IPA LLC	6,027,878	502,323		
	PROVIDENCE MEDICAL NETWORK IPA LLC	8,669,456	722,455		
	RIVER REGION IPA LLC	11,652,753	971,063		
	SAINT THOMAS MEDICAL PARTNERS IPA LLC	12,069,460	1,005,788		
	SOUTHERN MEDICAL PHYSICIAN IPA	10,676,407	889,701		
	SUMMIT WEST IPA LLC	102,487	8,541		
	SYNERGY HEALTHCARE LLC	98,501,456	8,208,455		
	TALLACO IPA LLC	5,419,490	451,624		

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
.....	TENNESSEE VALLEY IPA LLC	14,036,049	1,169,671
.....	WALKER IPA LLC	4,573,447	381,121
.....	WEST ALABAMA IPA LLC	8,478,645	706,554
9999999 Totals		283,474,279	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)												
		Alabama		2022										NAIC Company Code												
		12902		Comprehensive (Hospital & Medical)		2	3	4	5	6	7	8	9	10	11	12	13	14								
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health													
Total Members at end of:																										
1. Prior Year	48,255																									
2. First Quarter	42,200																									
3. Second Quarter	41,246																									
4. Third Quarter	40,428																									
5. Current Year	39,714																									
6. Current Year Member Months	494,568																									
Total Member Ambulatory Encounters for Year:																										
7. Physician	268,043																									
8. Non-Physician	320,262																									
9. Total	588,305	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0								
10. Hospital Patient Days Incurred	67,714																									
11. Number of Inpatient Admissions	10,127																									
12. Health Premiums Written (b)	626,373,815																									
13. Life Premiums Direct	0																									
14. Property/Casualty Premiums Written	0																									
15. Health Premiums Earned	626,373,815																									
16. Property/Casualty Premiums Earned	0																									
17. Amount Paid for Provision of Health Care Services	534,162,068																									
18. Amount Incurred for Provision of Health Care Services	518,171,061																									

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 626,373,815

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)									
		Arkansas		2022										NAIC Company Code									
		1		4		5		6		7		8		9		10		11		12		13	
Comprehensive (Hospital & Medical)								Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
2		3																					
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only													
Total Members at end of:																							
1. Prior Year		4,834																					
2. First Quarter		5,349																					
3. Second Quarter		5,286																					
4. Third Quarter		5,213																					
5. Current Year		5,195																					
6. Current Year Member Months		63,417																					
Total Member Ambulatory Encounters for Year:																							
7. Physician		61,687																					
8. Non-Physician		82,874																					
9. Total		144,561		0		0		0		0		0		0		0		0		0		0	
10. Hospital Patient Days Incurred		7,345																					
11. Number of Inpatient Admissions		1,179																					
12. Health Premiums Written (b)		66,750,277																					
13. Life Premiums Direct		0																					
14. Property/Casualty Premiums Written		0																					
15. Health Premiums Earned		66,750,277																					
16. Property/Casualty Premiums Earned		0																					
17. Amount Paid for Provision of Health Care Services		44,941,643																					
18. Amount Incurred for Provision of Health Care Services		46,282,739																					

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 66,745,352

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Connecticut			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Delaware			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR									
	District of Columbia			2022									
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written (b)													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned.....													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services.....													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Florida			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
Total Members at end of:															
1. Prior Year															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Georgia		2022										NAIC Company Code	
		12902		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior Year	3,767							3,767							
2. First Quarter	3,569							3,569							
3. Second Quarter	3,493							3,493							
4. Third Quarter	3,430							3,430							
5. Current Year	3,383							3,383							
6. Current Year Member Months	41,890							41,890							
Total Member Ambulatory Encounters for Year:															
7. Physician	28,138							28,138							
8. Non-Physician	55,184							55,184							
9. Total	83,322	0	0	0	0	0	0	83,322	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	4,413							4,413							
11. Number of Inpatient Admissions	747							747							
12. Health Premiums Written (b)	43,261,007							43,261,007							
13. Life Premiums Direct	0							0							
14. Property/Casualty Premiums Written	0							0							
15. Health Premiums Earned	43,261,007							43,261,007							
16. Property/Casualty Premiums Earned	0							0							
17. Amount Paid for Provision of Health Care Services	35,894,644							35,894,644							
18. Amount Incurred for Provision of Health Care Services	32,966,428							32,966,428							

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 43,261,007

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Hawaii			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
Total Members at end of:															
1. Prior Year															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Idaho			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
Total Members at end of:															
1. Prior Year															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.ID



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Illinois		2022										NAIC Company Code	
		12902		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior Year	12,937							12,937							
2. First Quarter	11,618							11,618							
3. Second Quarter	11,227							11,227							
4. Third Quarter	11,001							11,001							
5. Current Year	10,878							10,878							
6. Current Year Member Months	135,179							135,179							
Total Member Ambulatory Encounters for Year:															
7. Physician	189,547							189,547							
8. Non-Physician	18,347							18,347							
9. Total	207,894	0	0	0	0	0	0	207,894	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	21,284							21,284							
11. Number of Inpatient Admissions	2,943							2,943							
12. Health Premiums Written (b)	140,822,267							140,822,267							
13. Life Premiums Direct	0							0							
14. Property/Casualty Premiums Written	0							0							
15. Health Premiums Earned	140,822,267							140,822,267							
16. Property/Casualty Premiums Earned	0							0							
17. Amount Paid for Provision of Health Care Services	133,335,571							133,335,571							
18. Amount Incurred for Provision of Health Care Services	124,720,973							124,720,973							

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 140,822,267



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Indiana			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Iowa			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
Total Members at end of:															
1. Prior Year															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

301A



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Kansas			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
Total Members at end of:															
1. Prior Year															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 KS



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Kentucky			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 KY



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Louisiana			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)
	Maine			2022										NAIC Company Code
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 ME



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Maryland			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 MD



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)
	Massachusetts			2022										NAIC Company Code
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 MA



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.MI



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Minnesota			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 MN



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Mississippi		2022										
		(LOCATION)		NAIC Company Code										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	14,888							14,888						
2. First Quarter	14,898							14,898						
3. Second Quarter	14,708							14,708						
4. Third Quarter	14,606							14,606						
5. Current Year	14,518							14,518						
6. Current Year Member Months	176,745							176,745						
Total Member Ambulatory Encounters for Year:														
7. Physician	92,968							92,968						
8. Non-Physician	116,332							116,332						
9. Total	209,300	0	0	0	0	0	0	209,300	0	0	0	0	0	0
10. Hospital Patient Days Incurred	19,812							19,812						
11. Number of Inpatient Admissions	2,884							2,884						
12. Health Premiums Written (b)	190,796,481							190,796,481						
13. Life Premiums Direct	0							0						
14. Property/Casualty Premiums Written	0							0						
15. Health Premiums Earned	190,796,480							190,796,480						
16. Property/Casualty Premiums Earned	0							0						
17. Amount Paid for Provision of Health Care Services	171,641,016							171,641,016						
18. Amount Incurred for Provision of Health Care Services	160,165,327							160,165,327						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 190,796,481

30 MS



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Missouri			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 MO



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Montana			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 MT



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Nebraska			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
Total Members at end of:															
1. Prior Year															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Nevada			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 NV



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR									
	New Hampshire			2022									
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written (b)													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned.....													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services.....													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR									
	New Jersey			2022									
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written (b)													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned.....													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services.....													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 NJ



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR									
	New Mexico			2022									
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written (b)													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned.....													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services.....													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 NM



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)
	New York			2022										NAIC Company Code
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 NY



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										
	North Carolina			2022										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 NC



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF North Dakota			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Oklahoma			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
Total Members at end of:															
1. Prior Year															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Oregon			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Pennsylvania			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Rhode Island			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										
	South Carolina			2022										
	(LOCATION)			NAIC Company Code										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.SC



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR									
	South Dakota			2022									
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:													
1. Prior Year													
2. First Quarter													
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written (b)													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned.....													
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services.....													
18. Amount Incurred for Provision of Health Care Services													

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.SD



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Tennessee		2022										
				(LOCATION)										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	78,313							78,313						
2. First Quarter	76,766							76,766						
3. Second Quarter	75,055							75,055						
4. Third Quarter	73,890							73,890						
5. Current Year	72,829							72,829						
6. Current Year Member Months	901,275							901,275						
Total Member Ambulatory Encounters for Year:														
7. Physician	479,151							479,151						
8. Non-Physician	762,249							762,249						
9. Total	1,241,400	0	0	0	0	0	0	1,241,400	0	0	0	0	0	0
10. Hospital Patient Days Incurred	107,214							107,214						
11. Number of Inpatient Admissions	16,518							16,518						
12. Health Premiums Written (b)	1,063,191,928							1,063,191,928						
13. Life Premiums Direct	0							0						
14. Property/Casualty Premiums Written	0							0						
15. Health Premiums Earned	1,063,191,928							1,063,191,928						
16. Property/Casualty Premiums Earned	0							0						
17. Amount Paid for Provision of Health Care Services	935,325,830							935,325,830						
18. Amount Incurred for Provision of Health Care Services	883,855,372							883,855,372						

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,061,972,178



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Texas		2022										NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:															
1. Prior Year	165,023							116,547	48,476						
2. First Quarter	112,596							112,596							
3. Second Quarter	110,205							110,205							
4. Third Quarter	108,706							108,706							
5. Current Year	108,032							108,032							
6. Current Year Member Months	1,325,189							1,325,189							
Total Member Ambulatory Encounters for Year:															
7. Physician	5,708,648							5,708,648							
8. Non-Physician	2,204,931							2,204,931							
9. Total	7,913,579	0	0	0	0	0	0	7,913,579	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	119,467							119,467							
11. Number of Inpatient Admissions	17,252							17,252							
12. Health Premiums Written (b)	1,934,487,603							1,909,165,799	25,321,804						
13. Life Premiums Direct	0							0							
14. Property/Casualty Premiums Written	0							0							
15. Health Premiums Earned	1,939,499,508							1,909,558,716	29,940,792						
16. Property/Casualty Premiums Earned	0							0	0						
17. Amount Paid for Provision of Health Care Services	1,708,874,759							1,602,755,410	105,989,652				129,697		
18. Amount Incurred for Provision of Health Care Services	1,539,472,196							1,529,802,429	9,670,889				(1,122)		

(a) For health business: number of persons insured under PPO managed care products2,774 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,909,165,799

30.TX



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Utah			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Vermont			DURING THE YEAR 2022										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
Total Members at end of:															
1. Prior Year															
2. First Quarter															
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b)															
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Virginia			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Washington			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF West Virginia			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Wisconsin			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Wyoming			DURING THE YEAR 2022 (LOCATION)										
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year														
2. First Quarter														
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months														
Total Member Ambulatory Encounters for Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)														
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										(LOCATION)	
		Comprehensive (Hospital & Medical)			4	5	6	7	8	9	10	11	12	13	14	
		2	3													2022
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																
1. Prior Year	328,017	0	0	0	0	0	0	279,541	48,476	0	0	0	0	0		
2. First Quarter	266,996	0	0	0	0	0	0	266,996	0	0	0	0	0	0		
3. Second Quarter	261,220	0	0	0	0	0	0	261,220	0	0	0	0	0	0		
4. Third Quarter	257,274	0	0	0	0	0	0	257,274	0	0	0	0	0	0		
5. Current Year	254,549	0	0	0	0	0	0	254,549	0	0	0	0	0	0		
6. Current Year Member Months	3,138,263	0	0	0	0	0	0	3,138,263	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	6,828,182	0	0	0	0	0	0	6,828,182	0	0	0	0	0	0		
8. Non-Physician	3,560,179	0	0	0	0	0	0	3,560,179	0	0	0	0	0	0		
9. Total	10,388,361	0	0	0	0	0	0	10,388,361	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	347,249	0	0	0	0	0	0	347,249	0	0	0	0	0	0		
11. Number of Inpatient Admissions	51,650	0	0	0	0	0	0	51,650	0	0	0	0	0	0		
12. Health Premiums Written (b)	4,065,683,378	0	0	0	0	0	0	4,040,361,574	25,321,804	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	4,070,695,282	0	0	0	0	0	0	4,040,754,490	29,940,792	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	3,564,175,531	0	0	0	0	0	0	3,458,056,182	105,989,652	0	0	0	129,697	0		
18. Amount Incurred for Provision of Health Care Services	3,305,634,096	0	0	0	0	0	0	3,295,964,329	9,670,889	0	0	0	(1,122)	0		

(a) For health business: number of persons insured under PPO managed care products2,774 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,039,136,899

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0
0699999	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
0799999	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0
1099999	Total General Account - Authorized Non-Affiliates						0	0	0	0	0	0	0
1199999	Total General Account Authorized						0	0	0	0	0	0	0
1499999	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
1799999	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
1899999	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
... 14421	... 27-1595679	01/01/2022	EyelMed Insurance Company	AZ	... Coinsurance - Individual	... MR	8,412,009						
1999999	General Account - Unauthorized U.S. Non-Affiliates						8,412,009	0	0	0	0	0	0
2199999	Total General Account - Unauthorized Non-Affiliates						8,412,009	0	0	0	0	0	0
2299999	Total General Account Unauthorized						8,412,009	0	0	0	0	0	0
2599999	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0
2899999	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
2999999	Total General Account - Certified Affiliates						0	0	0	0	0	0	0
3299999	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
3399999	Total General Account Certified						0	0	0	0	0	0	0
3699999	Total General Account - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
3999999	Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
4099999	Total General Account - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
4399999	Total General Account - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
4499999	Total General Account Reciprocal Jurisdiction						0	0	0	0	0	0	0
4599999	Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						8,412,009	0	0	0	0	0	0
4899999	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0
5199999	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
5299999	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
5599999	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
5699999	Total Separate Accounts Authorized						0	0	0	0	0	0	0
5999999	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
6299999	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
6399999	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
6699999	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
6799999	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
7099999	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0
7399999	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
7499999	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
7799999	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
7899999	Total Separate Accounts Certified						0	0	0	0	0	0	0
8199999	Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
8499999	Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
8599999	Total Separate Accounts - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
8899999	Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
8999999	Total Separate Accounts Reciprocal Jurisdiction						0	0	0	0	0	0	0
9099999	Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						0	0	0	0	0	0	0
9199999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						8,412,009	0	0	0	0	0	0
9299999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						0	0	0	0	0	0	0
9999999	- Totals						8,412,009	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums	0				
2. Title XVIII - Medicare	8,412				
3. Title XIX - Medicaid	0				
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0				
8. Reinsurance recoverable on paid losses	0				
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0				
14. Letters of credit (L)	0				
15. Trust agreements (T)	0				
16. Other (O)	0				
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	734,249,723		734,249,723
2. Accident and health premiums due and unpaid (Line 15)	12,208,782		12,208,782
3. Amounts recoverable from reinsurers (Line 16.1)	0		0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	238,857,616		238,857,616
6. Total assets (Line 28)	985,316,121	0	985,316,121
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	210,215,686		210,215,686
8. Accrued medical incentive pool and bonus payments (Line 2)	36,932,292		36,932,292
9. Premiums received in advance (Line 8)	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	237,388,361		237,388,361
15. Total liabilities (Line 24)	484,536,339	0	484,536,339
16. Total capital and surplus (Line 33)	500,779,782	XXX	500,779,782
17. Total liabilities, capital and surplus (Line 34)	985,316,121	0	985,316,121
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

Schedule T - Part 2 - Interstate Compact

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	00000	46-2332355				1EQ Inc. (d/b/a Babyscripts)	DE	NIA	Cigna Ventures, LLC	Ownership	10.100	Cigna Corporation	NO	
.0901	Cigna Group	00000	88-1945947				73 Pond Street Apartments Venture, L.L.C.	DE	NIA	CARING Waltham Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	82-4794800				9171 Wilshire CPI-CII LLC	DE	NIA	CPI-CII 9171 Wilshire JV LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	86-1712743				ABL Apartments Venture, L.L.C.	DE	NIA	CARING ABS Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	88-4202407				ABL Holding Co., L.L.C.	DE	NIA	CARING Brinkman Investor LLC	Ownership	73.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	88-3747773				ABL Townhomes Venture, L.L.C.	DE	NIA	CARING Brinkman Investor LLC	Ownership	75.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-1046126				ABS Apartments Venture, L.L.C.	DE	NIA	CARING ABS Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	11-3358535				Accredo Health Group, Inc.	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	55-0894449				Accredo Health, Incorporated	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-4355549				AGA Apartments Venture, L.L.C.	DE	NIA	CARING Galleria Investor LLC	Ownership	70.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	13-3888838				AHG of New York, Inc.	NY	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	75-3040465				Airport Holdings, LLC	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	35-2562415				Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-0909305				Alegis Care Services of Colorado, LLC	CO	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	81-0400550				Alliance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	03-0507057				Alliance Care Management, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	71-0916514				Alliance COBRA Services, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	12814	20-4433475				Alliance Life & Health Insurance Company	MT	IA	Benefit Management Corp.	Ownership	95.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	26-2201582				Alliance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-3851464				Alliance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-4023291				AOP II Apartments Venture, L.L.C.	DE	IA	CARING Optimist Park II Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	82-3315524				Arbor Heights Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	46-4080861				AristaMD, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	11.100	Cigna Corporation	NO	
.0901	Cigna Group	00000	86-3581583				Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Ascent Health Services LLC	DE	NIA	Cigna Spruce Holdings GmbH	Ownership	80.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	86-1750832				ASM Apartments Venture, L.L.C.	DE	NIA	CARING St. Matthew's Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	81-0585518				Benefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	81-2650133				Berwick Apartments LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	43-1815573				Biopartners in Care, Inc.	MO	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	10095	52-2259087				Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	11524	52-2363406				Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Breakthrough Behavioral, Inc.	DE	IA	MDLive, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Breakthrough Behavioral of Texas, Inc.	TX	IA	Breakthrough Behavioral, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	27-1713977				Brighter, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	46-4918521				Buoy Health, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	12.200	Cigna Corporation	NO	
.0901	Cigna Group	00000	47-4991296				Bright Health Group, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	15.500	Cigna Corporation	NO	
.0901	Cigna Group	00000	61-1162797				Care Continuum, Inc.	KY	NIA	SpectraCare Health Care Ventures, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-0954556				CareAllies Accountable Care Collaborative LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-0935554				CareAllies Accountable Care Network LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				CareAllies Accountable Care Solutions LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	26-0180898				CareAllies, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	81-2760646				CareAllies, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group	10144	20-1089572				CareCore NJ, LLC	NJ	IA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	45-2681649				CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-1400586				CARING 18th & Salmon Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2562994				CARING 500 Ygnacio Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-1960231				CARING 3130 Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2318410				CARING 9171 Wilshire Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-4247420				CARING ABS Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2851501				CARING Alta Duraleigh Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2851501				CARING Alta Englewood Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-2966766				CARING Alta Leander Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2563284				CARING Alta Woodson Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-2966766				CARING Avondale Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-1992977				CARING Berwyn Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	86-1885283				CARING Brinkman Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	32-0570889				CARING Capitol Hill GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	37-1903297				CARING Capitol Hill LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2851364				CARING Century Plaza Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-4265529				CARING Deco Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-2912145				CARING Elan I Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-0928526				CARING Elan II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-3701937				CARING Firestone Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-4803572				CARING Galleria Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				CARING JA Lofts Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				CARING JA Lofts Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2318233				CARING Heights at Bear Creek Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-1400482				CARING Hillcrest Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-4410554				CARING IBP Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	00000	85-1961034				CARING Interbay Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-1984627				CARING Interbay Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2339522				CARING Mallory Square Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-4265529				CARING Montclair Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2563138				CARING Soma Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2633790				CARING Alexan Enclave Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2633886				CARING Orange Collection Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	86-2627703				CARING Optimist Park II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-2031777				CARING Slabtown Investor, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-8294933				CARING South Coast Subsidiary LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	86-1942593				CARING St. Matthew's Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	88-2074593				CARING Waltham Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	38-4085763				CARING Westcore Holding Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-3646420				CARING Westcore Holding II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-3923178				CARING XR International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-4317078				CARING XR 2 International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-1843578				CGGL XR 2 International JV LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-1843578				CGGL XR 2 International Mezz LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	45-2604992				CCN NMO, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	33-1039759				CCN-WNY IPA, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1332403				CG Individual Tax Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1332405				CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-2083351				CG-AQ 477 South Market Street LLC	DE	NIA	CARING Firestone Investor LLC	Ownership	85.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-4773972				CG-LEDO IBP Venture LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-4747045				CG-LEDO IBP I LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-4755025				CG-LEDO IBP II LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2993316				CG-Muller 550 Winchester, LLC	DE	NIA	CARING Century Plaza Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	45-5499889				CG Seventh Street, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-0734624				CG/Wood Alta Duraleigh, LLC	DE	NIA	CARING Alta Duraleigh Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-0655107				CG/Wood Alta Duraleigh Owner, LLC	DE	NIA	CARING Alta Duraleigh Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-2928410				CG/Wood Alta Duraleigh Townhome, LLC	DE	NIA	CARING Alta Duraleigh Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	82-1280312				CG/Wood Alta 601, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	NO	

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	00000	85-2233381				CG/Wood Alta Leander Station, LLC	DE	NIA	CARING Alta Leander Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				CGGL Orange Collection Mezz LLC	DE	NIA	CARING Orange Collection Investor LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-1921719				CGGL XR International LLC	DE	NIA	CARING XR International Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-1843578				CGGL XR 2 International LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	59-3466707				Chiro Alliance Corporation	FL	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	86-2964997				C1-GS Elan Everett Phase I, LLC	DE	NIA	CARING Elan I Investor, LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	86-3726159				C1-GS Elan Everett Phase II, LLC	DE	NIA	CARING Elan II Investor, LLC	Ownership	39.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	82-4774243				C1-GS Portland, LLC	DE	NIA	CARING 18th & Salmon Investor LLC	Ownership	86.200	Cigna Corporation	NO	
.0901	Cigna Group	00000	82-1612980				C1-GS Hillcrest LLC	DE	NIA	CARING Hillcrest Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	88-3907567				C1-GS Slabtown, LLC	DE	NIA	CARING Slabtown Investor LLC	Ownership	85.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna & CMB Asset Management Company Limited	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	87.350	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna & CMB Health Services Company, Ltd.	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna & CMB Life Insurance Company Limited	CHN	IA	Cigna Health and Life Insurance Company	Ownership	50.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				CIGNA 2000 UK Pension LTD	GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	27-5402196				Cigna Affiliates Realty Investment Group, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Apac Holdings, Ltd.	BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	13733	03-0452349				Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	98-1181787				Cigna Beechwood Holdings	BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Bellevue Alpha LLC	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	02-0515554				Cigna Benefit Technology Solutions, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	01-0947889		0001489070		Cigna Benefits Financing, Inc.	DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Cedar Holdings, Ltd.	MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	98-1137759				Cigna Chestnut Holdings, Ltd.	GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	27-3396038				Cigna Corporate Services, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	82-4991898		1739940	US	Cigna Corporation (A Delaware corporation and ultimate parent company)	DE	UIP	Publicly Traded	Ownership	100.000	Publicly Traded	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Data Services (Shanghai) Company Limited	CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	59-2600475				Cigna Dental Health Of California, Inc.	CA	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	11175	59-2675861				Cigna Dental Health Of Colorado, Inc.	CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95380	59-2676987				Cigna Dental Health Of Delaware, Inc.	DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	52021	59-1611217				Cigna Dental Health Of Florida, Inc.	FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1351097				Cigna Dental Health of Illinois, Inc.	IL	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	52024	59-2625350				Cigna Dental Health Of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	52108	59-2619589				Cigna Dental Health Of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	48119	20-2844020				Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	11160	06-1582068				Cigna Dental Health Of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	11167	59-2308062				Cigna Dental Health Of New Jersey, Inc.	NJ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95179	56-1803464				Cigna Dental Health Of North Carolina, Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	47805	59-2579774				Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group	95037	59-2676977				Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	52617	52-2188914				Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	47013	86-0807222				Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	59-2308055				Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	58-1136865				Cigna Direct Marketing Company, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	98-1155943				Cigna Elmwood Holdings, SPRL	BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Europe Insurance Company S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.999	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna European Services (UK) Limited	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	62-1724116				Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Formosa Management Services Company Limited	TWN	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	51-0389196				Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	68-0676638				Cigna Global Insurance Company Limited	GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	99.990	Cigna Corporation	NO	
.0901	Cigna Group	00000	98-0210110				Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	67369	59-1031071				Cigna Health and Life Insurance Company	CT	IA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	62-1312478				Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	23-1728483				Cigna Health Management, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Health Solution India Pvt. Ltd.	IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.900	Cigna Corporation	NO	
.0901	Cigna Group	00000	23-2741293				Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Healthcare Eastern Technology Services Company	HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-0985843				Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95599	52-1404350				Cigna HealthCare Mid-Atlantic, Inc.	MD	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95125	86-0334392				Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	95-3310115				Cigna HealthCare of California, Inc.	CA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95604	84-1004500				Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95660	06-1141174				Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95136	59-2089259				Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95477	01-0418220				Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95220	02-0402111				Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95121	23-2301807				Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95518	62-1230908				Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	02-0495422				Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna HLA Technology Services Company Limited	HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1059331				Cigna Holding Company	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	00000	23-3009279				Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1072796				Cigna Holdings, Inc.	DE	UIP	Cigna Holding Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Hong Kong Holdings Company Limited	HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	27-1903785				Cigna Insurance Agency, LLC	CT	NIA	Cigna Health and Life Insurance Company Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	65269	75-2305400				Cigna Insurance Company Cigna Insurance Management Services (DIFC), Ltd.	OH	IA		Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Insurance Middle East S.A.L.	ARE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Insurance Services (Europe) Limited	LBN	IA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Integratedcare, Inc.	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	23-2924152				Cigna Intellectual Property, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	51-0402128				Cigna International Corporation, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	51-0111677				Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	52-0291385				Cigna International Health Services Kenya Limited	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna International Health Services Sdn. Bhd.	KEN	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna International Health Services, BVBA	MYS	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna International Health Services, LLC	BEL	NIA	Cigna Elmwood Holdings, Ltd.	Ownership	51.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	30-0526216				Cigna International Marketing (Thailand) Limited	FL	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna International Services Australia Pty Ltd.	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna International Services, Inc.	AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	23-2610178				Cigna Investment Group, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1095823				Cigna Investments, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-0861092				Cigna Laurel Holdings, Ltd.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	98-1146864				Cigna Legal Protection U.K. Ltd.	BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	AA-1560515				Cigna Life Insurance Company of Canada	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	AA-1240009				Cigna Life Insurance Company of Europe S.A. - N.V.	CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	46-4110289				Cigna Linden Holdings, Inc.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	Cigna Corporation	NO	
.0901	Cigna Group	00000	98-1232512				Cigna Magnolia Holdings, Ltd.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	82.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	23-2741294				Cigna Managed Care Benefits Company	BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-3374500				Cigna Management Company LLC	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	98-1154657				Cigna Myrtle Holdings, Ltd.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	61727	34-0970995				Cigna National Health Insurance Company	MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	74.560	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Nederland Gamma B.V.	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Oak Holdings, Ltd.	NLD	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	98-1232443				Cigna Palmetto Holdings, Ltd.	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	46-4099800				Cigna Poplar Holdings, Inc.	BMU	NIA	Cigna Laurel Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1071502				Cigna RE Corporation	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1567902				Cigna Resource Manager, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Services Middle East FZE	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Spruce Holdings GmbH	ARE	NIA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Teak Holdings, LLC	CHE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	TUR	NIA	Cigna Magnolia Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0901	Cigna Group	00000	83-1069280				Cigna Ventures, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Walnut Holdings, Ltd.	GBR	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Willow Holdings, Ltd.	GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Cigna Worldwide General Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	90859	23-2088429				Cigna Worldwide Insurance Company	DE	IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Claims and Risk Services Limited	SAU	IA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Manipa/Cigna Health Insurance Company Limited	IND	IA	Cigna Holdings Overseas, Inc.	Ownership	49.000	TTK (non-affiliate)	NO	
.0901	Cigna Group	00000	84-1461840				Community Health Network, LLC	MT	NIA	Benefit Management Corp.	Ownership	50.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1252419				Connecticut General Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-0840391				Connecticut General Corporation	CT	UIP	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	62308	06-0303370		0000023419		Connecticut General Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	82-4936006				CPI-CII 9171 Wilshire JV LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	27-3555688				CR Washington Street Investors LP	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	NO	
.0901	Cigna Group	00000	36-4369972				CuraScript, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	86-1305728				Deco Apartments JV LLC	DE	NIA	CARING Deco Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	86-1334095				Deco Apartments Owner LLC	DE	NIA	CARING Deco Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	16-1526641				Diversified NY IPA, Inc.	NY	NIA	Diversified Pharmaceutical Services, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	41-1627938				Diversified Pharmaceutical Services, Inc.	MN	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	27-3542089				Econdisc Contracting Solutions, LLC	DE	NIA	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Egyptian Emirates Administration Services SAE	EGY	NIA	NAS Neuron Health Services, L.L.C.	Ownership	64.999	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				ESI Canada	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP Canada, LLC (0.1%)	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				ESI GP Canada ULC	CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	43-1925556				ESI GP Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				ESI GP2 Canada ULC	CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	74-2974964				ESI Mail Order Processing, Inc. (f/k/a NKI)	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	43-1867735				ESI Mail Pharmacy Service, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	43-1925562				ESI Partnership	DE	NIA	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	41-2006555				ESI Resources, Inc.	MN	NIA	ESI Partnership	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	92-1016132				ESSCH Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	94-3107309				Evernorth Behavioral Health of California, Inc.	CA	NIA	Evernorth Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	75-2751090				Evernorth Behavioral Health of Texas, Inc.	TX	NIA	Evernorth Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	41-1648670				Evernorth Behavioral Health, Inc.	MN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	86-1465626				Evernorth Care Solutions, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	32-0222252				Evernorth Direct Health, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-2732455				Evernorth Enterprise Services, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-2759151				Evernorth Sales Operations, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-2717903				Evernorth Strategic Development, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	46-4676347				eviCore 1, LLC	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	62-1615395				eviCore healthcare MSI, LLC	TN	NIA	MedSolutions Holdings, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	13918	27-3175443				Express Reinsurance Company	MO	IA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group	00000	41-2063830				Express Scripts Administrators LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Express Scripts Canada Co.	CAN	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	43-1942542				Express Scripts Canada Holding Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	27-1490640				Express Scripts Canada Holding, LLC	DE	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Express Scripts Canada Services	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Express Scripts Canada Wholesale	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-5003423				Express Scripts Health Information Network Partners, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	45-2884094				Evernorth Health, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-5826948				Express Scripts Pharmaceutical Procurement, LLC	DE	NIA	Express Scripts, Inc. (50%); ESI Mail Pharmacy Service, Inc. (50%);	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy Atlantic, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy Central, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy Ontario, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy West, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	30-0789911				Express Scripts Pharmacy, Inc.	DE	NIA	Medco Health Services, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	22-3114423				Express Scripts Sales Operations, Inc.	NJ	NIA	ESI Mail Pharmacy Service, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-3126104				Express Scripts Senior Care Holdings LLC	DE	NIA	ESSCH Holdings, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-3126075				Express Scripts Senior Care, Inc.	DE	NIA	ESSCH Holdings, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	43-1832983				Express Scripts Services Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	43-1869712				Express Scripts Specialty Distribution Services, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	22-2230703				Express Scripts Strategic Development, Inc.	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	43-1869714				Express Scripts Utilization Management Company	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	43-1420563				Express Scripts, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				FirstAssist Administration Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	23-1914061				Former Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	88-3762943				Forsyth Health, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	02-0523249				Freco, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-3229217				Freedom Service Company, LLC	FL	NIA	Lynnfield Drug, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Gillette Ridge Community Council, Inc.	CT	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-3700105				Gillette Ridge Golf, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	95388	93-1174749				Great-West Healthcare of Illinois, Inc.	IL	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				GRG Acquisitions LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	76-0657035				GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-3650143				Hartford Community Lender Holding LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-3686301				Hartford Community Lender I LLC	DE	NIA	Hartford Community Lender Holding LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	52-2149519				Hazard Center Investment Company LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	04-2992335				Healthbridge Reimbursement & Product Support, Inc.	MA	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	26-2159005				Healthbridge, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	46-2086778				Health-Lynx, LLC	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1533555				Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group	00000	02-0467679				Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	02-0387748		0000855587		Healthsource, Inc. HealthSpring Life & Health Insurance Company, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	12902	20-8534298				Inc.	TX	RE	NewQuest, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-8647386				HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	11532	65-1129599				HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	26-2353772				HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	26-2353476				HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	72-1559530				HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-1821898		0001339553		HealthSpring, Inc.	DE	UIP	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	81-4139432				Heights at Bear Creek Borrower LLC	DE	NIA	CARING Heights At Bear Creek Investor LLC	Ownership	80.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	81-4139432				Heights at Bear Creek Mezzanine LLC	DE	NIA	CARING Heights At Bear Creek Investor LLC	Ownership	80.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	81-4139432				Heights at Bear Creek Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-4266628				Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	75-3108521				HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	37-1708015				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	95-4838551				Ideal Properties II LLC	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	35-2041388				IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Independent Health Information Technology Services L.L.C.	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	82-1655179				Innovative Product Alignment, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	82-0658250				Inside RX, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	81-0425785				Intermountain Underwriters, Inc. International Pharmaceutical Solutions, GmbH	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000					CHE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-3406799				JA Lofts Holdings, LLC	DE	NIA	JA Lofts JV Limited Partnership	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-3395923				JA Lofts JV Limited Partnership	DE	NIA	CARING JA Lofts Investor LP LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Kuwait Emirates Administration Services WLL	KWT	NIA	NAS Administrative Services Company LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-8064696				Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	47-5292506				L&C Investments, LLC	DE	NIA	Express Scripts, Inc. Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	47-4375626				Lakehills CM-CG LLC	DE	NIA	LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	58-2593075				Lynnfield Compounding Center, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	04-3546044				Lynnfield Drug, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	27-1506930				MAH Pharmacy, LLC	DE	NIA	Medco Health Solutions, Inc. Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	80-0908244				Mallory Square Partners I, LLC	DE	NIA	LLC	Ownership	80.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	88-0241365				Managed Care Consultants, Inc.	NV	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	51-0500147				Matrix GPO, LLC	IN	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	59-3720653				Matrix Healthcare Services, Inc.	FL	NIA	MyMatrix Holdings, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1346406				MCC Independent Practice Association of New York, Inc.	NY	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	45-4937055				MDLive, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	97.230	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				MDLive LLC	DE	NIA	MDLive, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				MDLivevisit, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				MDLive Provider Services, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	Cigna Corporation	NO	

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.0901	Cigna Group	34720	13-3506395				Medco Containment Insurance Company of NY	NY	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	63762	42-1425239				Medco Containment Life Insurance Company	PA	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	27-3709630				Medco Europe II, LLC	DE	NIA	Medco Europe, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	46-2166374				Medco Europe, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-5017653				Medco Health Information Network Partners, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	81-0616525				Medco Health Puerto Rico, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	26-3544786				Medco Health Services, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	22-3461740				Medco Health Solutions, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	88-0334401				Mediversal, Inc.	NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	27-3801345				MedSolutions Holdings, Inc.	DE	NIA	eviCore 1, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-2810715				Montclair 11 Pine Operating Company LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-2790325				Montclair 11 Pine Urban Renewal LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-2772585				Montclair Residences JV LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	32-0071543				MSI Health Organization of Texas, Inc.	TX	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	27-5492993				MSI HT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	27-5493148				MSI LT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	27-5493321				MSI SAR-GW, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	86-1090522				MSIAZ 1, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-1749733				MSICA 1, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-1222347				MSICO 1, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	55-0840800				MSIFL, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	26-0181185				MSIMD 1, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	74-3122235				MSINC 1, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	11-3715243				MSINH II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	03-0524694				MSINH, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-1749446				MSINJ 1, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-1761914				MSINW 1, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	55-0840806				MSISC II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	26-0336736				MSIVT 1, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-2536458				MSIWA, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	36-4833284				MyM Technology Services, LLC	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	82-1350878				myMatrixx Holdings, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	46-2589799				myMatrixx-B, LLC	FL	NIA	Matrix Healthcare Services, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				NAS Administrative Services Company LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				NAS Neuron Health Services, L.L.C.	ARE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	34.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				NAS United SPV	CYM	NIA	NAS Neuron Health Services, L.L.C.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Neuron LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	52-1929677				NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	33-1033586				NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-4954206				NewQuest Management of Florida, LLC	FL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	77-0632665				NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	45-0633893				NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	76-0628370				NewQuest, LLC	TX	UDP	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	82-5244890				Octave Health Group, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	10.100	Cigna Corporation	NO	
.0901	Cigna Group	00000	91-1599329				Olympic Health Management Services, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	91-1500758				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	80-0818758				Patient Provider Alliance, Inc.	DE	NIA	Brighter, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	35-1927379				Priority Healthcare Corporation	IN	NIA	CuraScript, Inc.	Ownership	100.000	Cigna Corporation	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	00000	59-3761140				Priority Healthcare Distribution, Inc.	FL	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	67903	23-1335885				Provident American Life & Health Insurance Company	OH	IA	Cigna National Health Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				PT GAR Indonesia	IDN	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation	NO	
.0901	Cigna Group	00000	45-5046449				PUR Arbors Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	NO	
.0901	Cigna Group	00000	46-1801639				QualCare Management Resources Limited Liability Company	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Qualient Pharmaceuticals Holdings LP	CYM	NIA	Cigna Spruce Holdings GmbH	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Qualient Pharmaceuticals Health LLC	CYM	NIA	Qualient Pharmaceuticals Holdings LP	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	45-5569416				QPID Health, LLC	DE	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-1460134				Rise-CG Capitol Hill, LP	DE	NIA	CARING Capitol Hill LP LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-3254168				Rise-CG JA Lofts Limited Partnership	DE	NIA	JA Lofts Holdings, LLC (.5%); JA Lofts JV Limited Partnership (99.5%)	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	35-1641636				Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	46-3593103				SB-SNH LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	95-2876207				Secon Properties, LP	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation South Coast Plaza Associates, LLC (non-affiliate)	NO	
.0901	Cigna Group	00000	82-1732483				SOMA Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	82-4405071				Specialty Products Acquisitions, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	61-1317695				SpectraCare Health Care Ventures, Inc.	KY	NIA	SpectraCare, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	61-1147068				SpectraCare, Inc.	KY	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	77399	13-1867829				Sterling Life Insurance Company	IL	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	47-2658932				Strategic Pharmaceutical Investments, LLC	DE	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				SureScripts, LLC	VA	NIA	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership	33.400	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-0903685				Swedesford Road Apartments, LLC	DE	NIA	CARING Berwyn Investor LLC	Ownership	68.600	Cigna Corporation	NO	
.0901	Cigna Group	00000	22-3474888				Systemed, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	23-3074013				Tel-Drug of Pennsylvania, LLC	PA	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	46-0427127				Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Temple Insurance Company Limited	BMU	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-5524622				Tennessee Quest, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	75-3108527				TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-1955731				The Flats at Interbay Holdings, LLC	DE	NIA	CARING Interbay Investor LP LLC	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-1955075				The Flats at Interbay JV Limited Partnership	DE	NIA	CARING Interbay Investor LP LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-1962013				The Flats at Interbay Limited Partnership	DE	NIA	CARING Interbay Investor LP LLC	Ownership	99.500	Cigna Corporation	NO	
.0901	Cigna Group	00000	46-5264463				Trainer Rx, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	19.400	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Transwestern Federal, L.L.C.	DE	NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Transwestern Federal Holdings, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	7.616	Cigna Corporation	NO	
.0901	Cigna Group	00000	88-0344624				Universal Claims Administration	NV	NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	98-0463704				Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Verity Solutions Group, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	YES	
.0901	Cigna Group	00000	00-0000000				Westcore CG AC, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Camelback, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Cedar Port, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Westcore CG Commerce, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	00000	84-3178563				Westcore CG Dove Valley I, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Dove Valley II, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Eisenhauer, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG II Eisenhauer, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Fountain Lakes, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Gateway, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG I-35, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Navy, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Potomac Park, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Solano, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-3178563				Westcore CG Susana, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Westcore CG Venture, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-3624928				Westcore CG Venture II, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-3624928				Westcore CG II AC, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-3624928				Westcore CG II Park 225, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-3624928				Westcore CG II Union Cross, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Willow DSP LLC	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				YCFM Servicios LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	35.320	Cigna Corporation	NO	

Asterisk	Explanation

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	46-2332355	1EQ Inc. (d/b/a Babyscripts)									0	
00000	88-1945947	73 Pond Street Apartments Venture, L.L.C.									0	
00000	00-0000000	680 Investors LLC									0	
00000	00-0000000	685 New Hampshire LLC									0	
00000	82-4794800	9171 Wilshire CPI-CII LLC									0	
00000	86-1712743	ABL Apartments Venture, L.L.C.									0	
00000	88-4202407	ABL Holding Co., L.L.C.									0	
00000	88-3747773	ABL Townhomes Venture, L.L.C.									0	
00000	85-1046126	ABS Apartments Venture, L.L.C.									0	
00000	11-3358535	Accredo Health Group, Inc.									0	
00000	55-0894449	Accredo Health, Incorporated									0	
00000	87-4355549	AGA Apartments Venture, L.L.C.									0	
00000	13-3888838	AHG of New York, Inc.									0	
00000	75-3040465	Airport Holdings, LLC									0	
00000	35-2562415	Alegis Care Services, LLC									0	
00000	85-0909305	Alegis Care Services of Colorado, LLC									0	
00000	81-0400550	Allegiance Benefit Plan Management, Inc.	(10,000,000)				14,044,456				4,044,456	
00000	03-0507057	Allegiance Care Management, LLC					78,609				78,609	
00000	71-0916514	Allegiance COBRA Services, Inc.					536				536	
12814	20-4433475	Allegiance Life & Health Insurance Company					(1,978,926)	595,552			(1,383,374)	63,699
00000	26-2201582	Allegiance Provider Direct, LLC									0	
00000	20-3851464	Allegiance Re, Inc.									0	
88366	59-2760189	American Retirement Life Insurance Company		(40,000,000)			(18,703,142)				(58,703,142)	
00000	87-4023291	AOP II Apartments Venture, L.L.C.									0	
00000	82-3315524	Arbor Heights Venture LLC									0	
00000	46-4080861	AristaMD, Inc.									0	
00000	86-3581583	Arizona Health Plan, Inc.									0	
00000	00-0000000	Ascent Health Services LLC					(384,803)				(384,803)	
00000	86-1750832	ASM Apartments Venture, L.L.C.									0	
00000	81-0585518	Benefit Management Corp.									0	
00000	81-2650133	Berewick Apartments LLC									0	
00000	43-1815573	Biopartners in Care, Inc.									0	
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.		42,000,000			(31,329,523)	(56,580)			10,613,897	
11524	52-2363406	Bravo Health Pennsylvania, Inc.					(119,265,673)	(203,267)			(119,468,940)	
00000	00-0000000	Breakthrough Behavioral, Inc.									0	
00000	00-0000000	Breakthrough Behavioral of Texas, Inc.									0	
00000	27-1713977	Brighter, Inc.					428,904				428,904	
00000	46-4918521	Buoy Health, Inc.									0	
00000	47-4991296	Bright Health Group, Inc.									0	
00000	61-1162797	Care Continuum, Inc.									0	
00000	85-0954556	CareAllies Accountable Care Collaborative LLC									0	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	85-0935554	CareAllies Accountable Care Network LLC									0	
00000	00-0000000	CareAllies Accountable Care Solutions LLC									0	
00000	26-0180898	CareAllies, Inc.	(28,000,000)				(13,851)				(28,013,851)	
00000	81-2760646	CareAllies, LLC									0	
10144	20-1089572	CareCore NJ, LLC					(23,012,322)				(23,012,322)	
00000	45-2681649	CarePlexus, LLC									0	
00000	83-1400586	CARING 18th & Salmon Investor LLC									0	
00000	83-2562994	CARING 500 Ygnacio Investor LLC									0	
00000	84-1960231	CARING 3130 Investor LLC									0	
00000	83-2318410	CARING 9171 Wilshire Investor LLC									0	
00000	85-4247420	CARING ABS Investor LLC									0	
00000	83-2851501	CARING Alta Duraleigh Investor LLC									0	
00000	83-2851501	CARING Alta Englewood Investor LLC									0	
00000	85-2966766	CARING Alta Leander Investor LLC									0	
00000	83-2563284	CARING Alta Woodson Investor LLC									0	
00000	85-2966766	CARING Avondale Investor LLC									0	
00000	87-1992977	CARING Berwyn Investor LLC									0	
00000	86-1885283	CARING Brinkman Investor LLC									0	
00000	32-0570889	CARING Capitol Hill GP LLC									0	
00000	37-1903297	CARING Capitol Hill LP LLC									0	
00000	83-2851364	CARING Century Plaza Investor LLC									0	
00000	85-4265529	CARING Deco Investor LLC									0	
00000	85-2912145	CARING Elan I Investor LLC									0	
00000	87-0928526	CARING Elan II Investor LLC									0	
00000	83-3701937	CARING Firestone Investor LLC									0	
00000	87-4803572	CARING Galleria Investor LLC									0	
00000	00-0000000	CARING JA Lofts Investor LP LLC									0	
00000	00-0000000	CARING JA Lofts Investor GP LLC									0	
00000	83-2318233	CARING Heights at Bear Creek Investor LLC									0	
00000	83-1400482	CARING Hillcrest Investor LLC									0	
00000	84-4410554	CARING IBP Investor LLC									0	
00000	85-1961034	CARING Interbay Investor GP LLC									0	
00000	85-1984627	CARING Interbay Investor LP LLC									0	
00000	83-2339522	CARING Mallory Square Investor LLC									0	
00000	85-4265529	CARING Montclair Investor LLC									0	
00000	83-2563138	CARING Soma Investor LLC									0	
00000	83-2633790	CARING Alexan Enclave Investor LLC									0	
00000	83-2633886	CARING Orange Collection Investor LLC									0	
00000	86-2627703	CARING Optimist Park II Investor LLC									0	
00000	87-2031777	CARING Slabtown Investor, LLC									0	
00000	83-8294933	CARING South Coast Subsidiary LLC									0	
00000	86-1942593	CARING St. Matthew's Investor LLC									0	
00000	88-2074593	CARING Waltham Investor LLC									0	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	38-4085763	CARING Westcore Holding Investor LLC									0	
00000	87-3646420	CARING Westcore Holding II Investor LLC									0	
00000	83-3923178	CARING XR International Investor LLC									0	
00000	83-4317078	CARING XR 2 International Investor LLC									0	
00000	84-1843578	CGGL XR 2 International JV LLC									0	
00000	84-1843578	CGGL XR 2 International Mezz LLC									0	
00000	45-2604992	CCN NMO, LLC					(10,858)				(10,858)	
00000	33-1039759	CCN-WNY IPA, LLC					(10,962)				(10,962)	
00000	34-1970892	Ceres Sales of Ohio, LLC					(402)				(402)	
00000	06-1332403	CG Individual Tax Benefit Payments, Inc.									0	
00000	06-1332405	CG Life Pension Benefits Payments, Inc.									0	
00000	06-1332401	CG LINA Pension Benefits Payments, Inc.									0	
00000	84-2083351	CG-AQ 477 South Market Street LLC									0	
00000	84-4773972	CG-LEDO IBP Venture LLC									0	
00000	84-4747045	CG-LEDO IBP I LLC									0	
00000	84-4755025	CG-LEDO IBP II LLC									0	
00000	83-2993316	CG-Muller 550 Winchester, LLC									0	
00000	45-5499889	CG Seventh Street, LLC									0	
00000	85-0734624	CG/Wood Alta Duraleigh, LLC									0	
00000	85-0655107	CG/Wood Alta Duraleigh Owner, LLC									0	
00000	87-2928401	CG/Wood Alta Duraleigh Townhome, LLC									0	
00000	82-1280312	CG/Wood Alta 601, LLC									0	
00000	85-2233381	CG/Wood Alta Leander Station, LLC									0	
00000	81-3313562	CGGL City Parkway LLC									0	
00000	61-1797835	CGGL Orange Collection LLC									0	
00000	00-0000000	CGGL Orange Collection Mezz LLC									0	
00000	84-1921719	CGGL XR International LLC									0	
00000	84-1843578	CGGL XR 2 International LLC									0	
00000	59-3466707	Chiro Alliance Corporation									0	
00000	81-3389374	CIG-LEI Ygnacio Associates LLC									0	
00000	86-2964997	CI-GS Elan Everett Phase I, LLC									0	
00000	86-3726159	CI-GS Elan Everett Phase II, LLC									0	
00000	82-4774243	CI-GS Portland, LLC									0	
00000	82-1612980	CI-GS Hillcrest LLC									0	
00000	88-3907567	CI-GS Slabtown, LLC									0	
00000	00-0000000	Cigna & CMB Asset Management Company Limited									0	
00000	00-0000000	Cigna & CMB Health Services Company, Ltd.									0	
00000	00-0000000	Cigna & CMB Life Insurance Company Limited									0	
00000	00-0000000	CIGNA 2000 UK Pension LTD									0	
00000	27-5402196	Cigna Affiliates Realty Investment Group, LLC									0	
00000	00-0000000	Cigna Alder Holdings, LLC		171,856,136							171,856,136	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

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00000	00-0000000	Cigna Apac Holdings, Ltd.									0	
13733	03-0452349	Cigna Arbor Life Insurance Company					(3,494)				(3,494)	
00000	98-1181787	Cigna Beechwood Holdings									0	
00000	00-0000000	Cigna Bellevue Alpha LLC									0	
00000	02-0515554	Cigna Benefit Technology Solutions, Inc.									0	
00000	01-0947889	Cigna Benefits Financing, Inc.					1,252,920				1,252,920	
00000	00-0000000	Cigna Cedar Holdings, Ltd.									0	
00000	98-1137759	Cigna Chestnut Holdings, Ltd.									0	
00000	27-3396038	Cigna Corporate Services, LLC									0	
00000	82-4991898	Cigna Corporation (A Delaware corporation and ultimate parent company)	3,135,000,000								3,135,000,000	
00000	00-0000000	Cigna Data Services (Shanghai) Company Limited									0	
00000	59-2600475	Cigna Dental Health Of California, Inc.	(14,500,000)				1,121,429				(13,378,571)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,000,000)				(829,879)				(2,829,879)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(11,119)				(11,119)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(9,000,000)				(3,595,791)				(12,595,791)	
00000	06-1351097	Cigna Dental Health of Illinois, Inc.									0	
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(250,000)				(212,152)				(462,152)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(2,500,000)				(1,005,696)				(3,505,696)	
48119	20-2844020	Cigna Dental Health Of Maryland, Inc.	(3,000,000)				(858,879)				(3,858,879)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,500,000)				(460,611)				(1,960,611)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,498,000)				(1,566,826)				(3,064,826)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.					(650,843)				(650,843)	
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(1,250,000)				(884,223)				(2,134,223)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.		(2,400,000)			(467,259)				(2,867,259)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(8,500,000)				(3,893,012)				(12,393,012)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,600,000)				(571,707)				(2,171,707)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.		(3,500,000)			4,759,577				1,259,577	
00000	59-2308055	Cigna Dental Health, Inc.	(6,502,000)				23,907,582				17,405,582	
00000	58-1136865	Cigna Direct Marketing Company, Inc.									0	
00000	98-1155943	Cigna Elmwood Holdings, SPRL									0	
00000	00-0000000	Cigna Europe Insurance Company S.A.-N.V.									0	
00000	00-0000000	Cigna European Services (UK) Limited									0	
00000	62-1724116	Cigna Federal Benefits, Inc.									0	
00000	00-0000000	Cigna Formosa Management Services Company Limited									0	
00000	51-0389196	Cigna Global Holdings, Inc.	(184,961,692)	119,000,000			(18,755)				(65,980,447)	
00000	68-0676638	Cigna Global Insurance Company Limited					(8,324,061)	(2,237,204)			(10,561,265)	
00000	98-0210110	Cigna Global Reinsurance Company, Ltd.	37,000,000				(79,730)	(68,728,375)			(31,808,105)	(182,113,537)
00000	00-0000000	Cigna Global Wellbeing Holdings Limited									0	
00000	00-0000000	Cigna Global Wellbeing Solutions Limited									0	

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67369	59-1031071	Cigna Health and Life Insurance Company	(1,493,193,074)	(243,399,283)			(95,237,748)	53,979,341			(1,777,850,764)	173,274,050
00000	62-1312478	Cigna Health Corporation	(14,000,000)				90,570,713				76,570,713	
00000	23-1728483	Cigna Health Management, Inc.		75,000,000			24,029,474				99,029,474	
00000	00-0000000	Cigna Health Solution India Pvt. Ltd.									0	
00000	23-2741293	Cigna Healthcare Benefits, Inc.									0	
00000	00-0000000	Cigna Healthcare Eastern Technology Services Company									0	
00000	84-0985843	Cigna Healthcare Holdings, Inc.									0	
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.									0	
95125	86-0334392	Cigna HealthCare of Arizona, Inc.					(26,380,737)	488,754			(25,891,983)	586,999
00000	95-3310115	Cigna HealthCare of California, Inc.	(9,000,000)				(27,380,310)	5,664,132			(30,716,178)	3,961,976
95604	84-1004500	Cigna HealthCare of Colorado, Inc.		9,000,000			(8,153,699)	(35,565)			810,736	14,703
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.					(675,816)	(855)			(676,671)	299
95136	59-2089259	Cigna HealthCare of Florida, Inc.					(381,358)	(81,810)			(463,168)	26,633
96229	58-1641057	Cigna HealthCare of Georgia, Inc.		170,000,000			(65,137,149)	6,351,021			111,213,872	13,004
95602	36-3385638	Cigna HealthCare of Illinois, Inc.					(11,163,690)	941,278			(10,222,412)	677,061
95525	35-1679172	Cigna HealthCare of Indiana, Inc.					(7,323)	(795)			(8,118)	345
95477	01-0418220	Cigna HealthCare of Maine, Inc.									0	
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.									0	
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.					(6,023)				(6,023)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.	(5,500,000)				(13,504)	(1,890)			(5,515,394)	1,288,978
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.		22,000,000			(50,180,992)	1,998,941			(26,182,051)	4,580
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.									0	
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.					(10,967,141)	(2,985)			(10,970,126)	1,111
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.					(2,687,357)	(34,530)			(2,721,887)	11,813
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.					(2,311,538)				(2,311,538)	173,840
95383	74-2767437	Cigna HealthCare of Texas, Inc.	(7,500,000)	60,000,000			(4,399,408)	1,960,390			50,060,982	360,355
95518	62-1230908	Cigna HealthCare of Utah, Inc.									0	
00000	02-0495422	Cigna Healthcare, Inc.					13,330				13,330	
00000	00-0000000	Cigna HLA Technology Services Company Limited									0	
00000	06-1059331	Cigna Holding Company	83,300,000				(6,550)				83,293,450	
00000	23-3009279	Cigna Holdings Overseas, Inc.									0	
00000	06-1072796	Cigna Holdings, Inc.	101,661,692	(1,227,000,000)			(82,801)				(1,125,421,109)	
00000	00-0000000	Cigna Hong Kong Holdings Company Limited									0	
00000	27-1903785	Cigna Insurance Agency, LLC									0	
65269	75-2305400	Cigna Insurance Company					(27,046)				(27,046)	
00000	00-0000000	Cigna Insurance Management Services (DIFC), Ltd.									0	
00000	00-0000000	Cigna Insurance Middle East S.A.L.									0	
00000	00-0000000	Cigna Insurance Services (Europe) Limited									0	
00000	23-2924152	Cigna Integratedcare, Inc.									0	
00000	51-0402128	Cigna Intellectual Property, Inc.									0	
00000	51-0111677	Cigna International Corporation, Inc.					(7,628,030)				(7,628,030)	

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PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

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00000	52-0291385	Cigna International Finance, Inc.									0	
00000	00-0000000	Cigna International Health Services Kenya Limited									0	
00000	00-0000000	Cigna International Health Services Sdn. Bhd.									0	
00000	00-0000000	Cigna International Health Services, BVBA									0	
00000	30-0526216	Cigna International Health Services, LLC									0	
00000	00-0000000	Cigna International Marketing (Thailand) Limited									0	
00000	00-0000000	Cigna International Services Australia Pty Ltd.									0	
00000	23-2610178	Cigna International Services, Inc.									0	
00000	06-1095823	Cigna Investment Group, Inc.					(1,232)				(1,232)	
00000	06-0861092	Cigna Investments, Inc.					48,880,958				48,880,958	
00000	98-1146864	Cigna Laurel Holdings, Ltd.									0	
00000	00-0000000	Cigna Legal Protection U.K. Ltd.									0	
00000	AA-1560515	Cigna Life Insurance Company of Canada					(6,916,463)				(6,916,463)	
00000	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.					(3,589)				(3,589)	
00000	46-4110289	Cigna Linden Holdings, Inc.									0	
00000	98-1232512	Cigna Magnolia Holdings, Ltd.									0	
00000	23-2741294	Cigna Managed Care Benefits Company					24,431,542				24,431,542	
00000	89-3374500	Cigna Management Company LLC	(1,050,000,000)								(1,050,000,000)	
00000	98-1154657	Cigna Myrtle Holdings, Ltd.									0	
61727	34-0970995	Cigna National Health Insurance Company	3,253,804	746,196			(16,049,058)				(12,049,058)	
00000	00-0000000	Cigna Nederland Gamma B.V.									0	
00000	00-0000000	Cigna Oak Holdings, Ltd.									0	
00000	98-1232443	Cigna Palmetto Holdings, Ltd.									0	
00000	46-4099800	Cigna Poplar Holdings, Inc.									0	
00000	06-1071502	Cigna RE Corporation		100,000							100,000	
00000	06-1567902	Cigna Resource Manager, Inc.									0	
00000	00-0000000	Cigna Services Middle East FZE									0	
00000	00-0000000	Cigna Spruce Holdings GmbH									0	
00000	00-0000000	Cigna Teak Holdings, LLC									0	
00000	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)									0	
00000	83-1069280	Cigna Ventures, LLC		113,638,329							113,638,329	
00000	00-0000000	Cigna Walnut Holdings, Ltd.									0	
00000	00-0000000	Cigna Willow Holdings, Ltd.									0	
00000	00-0000000	Cigna Worldwide General Insurance Company Limited									0	
90859	23-2088429	Cigna Worldwide Insurance Company	(37,000,000)				120,000				(36,880,000)	1,717,790

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

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00000	00-0000000	Claims and Risk Services Limited									0	
00000	00-0000000	ManipalCigna Health Insurance Company Limited									0	
00000	84-1461840	Community Health Network, LLC									0	
00000	06-1252419	Connecticut General Benefit Payments, Inc.									0	
00000	06-0840391	Connecticut General Corporation		74,900,000			(3,125)				74,896,875	
62308	06-0303370	Connecticut General Life Insurance Company	(70,000,000)	1,170,065			(16,256,120)	(595,553)			(85,681,608)	(63,699)
00000	82-4936006	CPI-CII 9171 Wilshire JV LLC									0	
00000	27-3555688	CR Washington Street Investors LP									0	
00000	36-4369972	CuraScript, Inc.									0	
00000	86-1305728	Deco Apartments JV LLC									0	
00000	86-1334095	Deco Apartments Owner LLC									0	
00000	16-1526641	Diversified NY IPA, Inc.									0	
00000	41-1627938	Diversified Pharmaceutical Services, Inc.									0	
00000	27-3542089	Econdisc Contracting Solutions, LLC									0	
00000	00-0000000	Egyptian Emirates Administration Services SAE									0	
00000	00-0000000	ESI Canada									0	
00000	00-0000000	ESI GP Canada ULC									0	
00000	43-1925556	ESI GP Holdings, Inc.									0	
00000	00-0000000	ESI GP2 Canada ULC									0	
00000	74-2974964	ESI Mail Order Processing, Inc. (f/k/a NXI)									0	
00000	43-1867735	ESI Mail Pharmacy Service, Inc.									0	
00000	43-1925562	ESI Partnership									0	
00000	41-2006555	ESI Resources, Inc.									0	
00000	92-1016132	ESSCH Holdings, Inc.									0	
00000	94-3107309	Evernorth Behavioral Health of California, Inc.					(49,340)				(49,340)	
00000	75-2751090	Evernorth Behavioral Health of Texas, Inc.					(196,274)				(196,274)	
00000	41-1648670	Evernorth Behavioral Health, Inc.	(135,000,000)				(144,462,992)				(279,462,992)	
00000	86-1465626	Evernorth Care Solutions, Inc.									0	
00000	32-0222252	Evernorth Direct Health, LLC					(7,114)				(7,114)	
00000	85-2732455	Evernorth Enterprise Services, Inc.									0	
00000	85-2759151	Evernorth Sales Operations, Inc.									0	
00000	85-2717903	Evernorth Strategic Development, Inc.									0	
00000	46-4676347	eviCore 1, LLC									0	
00000	62-1615395	eviCore healthcare MSI, LLC					22,996,578				22,996,578	
13918	27-3175443	Express Reinsurance Company									0	
00000	41-2063830	Express Scripts Administrators LLC									0	
00000	00-0000000	Express Scripts Canada Co.									0	

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

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00000	43-1942542	Express Scripts Canada Holding Co.									0	
00000	27-1490640	Express Scripts Canada Holding, LLC									0	
00000	00-0000000	Express Scripts Canada Services									0	
00000	00-0000000	Express Scripts Canada Wholesale									0	
00000	84-5003423	Express Scripts Health Information Network Partners, Inc.									0	
00000	45-2884094	Evernorth Health, Inc.					(398,329)				(398,329)	
00000	20-5826948	Express Scripts Pharmaceutical Procurement, LLC									0	
00000	00-0000000	Express Scripts Pharmacy Atlantic, Ltd.									0	
00000	00-0000000	Express Scripts Pharmacy Central, Ltd.									0	
00000	00-0000000	Express Scripts Pharmacy Ontario, Ltd.									0	
00000	00-0000000	Express Scripts Pharmacy West, Ltd.									0	
00000	30-0789911	Express Scripts Pharmacy, Inc.									0	
00000	22-3114423	Express Scripts Sales Operations, Inc.									0	
00000	20-3126104	Express Scripts Senior Care Holdings, Inc.									0	
00000	20-3126075	Express Scripts Senior Care, Inc.									0	
00000	43-1832983	Express Scripts Services Co.									0	
00000	43-1869712	Express Scripts Specialty Distribution Services, Inc.									0	
00000	22-2230703	Express Scripts Strategic Development, Inc.									0	
00000	43-1869714	Express Scripts Utilization Management Company									0	
00000	43-1420563	Express Scripts, Inc.					98,890,987				98,890,987	
00000	00-0000000	FirstAssist Administration Limited									0	
00000	23-1914061	Former Cigna Investments, Inc.					(54,237)				(54,237)	
00000	88-3762943	Forsyth Health, LLC									0	
00000	02-0523249	Freco, Inc.									0	
00000	20-3229217	Freedom Service Company, LLC									0	
00000	00-0000000	Gillette Ridge Community Council, Inc.									0	
00000	20-3700105	Gillette Ridge Golf, LLC									0	
95388	93-1174749	Great-West Healthcare of Illinois, Inc.									0	
00000	00-0000000	GRC Acquisitions LLC			(72,173)						(72,173)	
00000	76-0657035	GulfQuest, LP					340,006,266				340,006,266	
00000	87-3650143	Hartford Community Lender Holding LLC									0	
00000	87-3686301	Hartford Community Lender I LLC									0	
00000	52-2149519	Hazard Center Investment Company LLC									0	
00000	04-2992335	Healthbridge Reimbursement & Product Support, Inc.									0	
00000	26-2159005	Healthbridge, Inc.									0	
00000	46-2086778	Health-Lynx, LLC									0	
00000	06-1533555	Healthsource Benefits, Inc.									0	
00000	02-0467679	Healthsource Properties, Inc.									0	

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PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

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00000	02-0387748	Healthsource, Inc.	22,000,000	640,000,000			(1,190)				661,998,810	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.	150,000,000				(654,786,017)				(504,786,017)	
00000	20-8647386	HealthSpring Management of America, LLC	220,000,000				204,221,778				424,221,778	
11532	65-1129599	HealthSpring of Florida, Inc.		15,000,000			(54,567,289)				(39,567,289)	
00000	26-2353772	HealthSpring Pharmacy of Tennessee, LLC									0	
00000	26-2353476	HealthSpring Pharmacy Services, LLC									0	
00000	72-1559530	HealthSpring USA, LLC					188,340,537				188,340,537	
00000	20-1821898	HealthSpring, Inc.					(401,898)				(401,898)	
00000	81-4139432	Heights at Bear Creek Borrower LLC									0	
00000	81-4139432	Heights at Bear Creek Mezzanine LLC									0	
00000	81-4139432	Heights at Bear Creek Venture LLC									0	
00000	20-4266628	Home Physicians Management, LLC									0	
00000	75-3108521	HouQuest, LLC									0	
00000	37-1708015	Houston Briar Forest Apartments Limited Partnership									0	
00000	95-4838551	Ideal Properties II LLC									0	
00000	35-2041388	IHN, Inc.					(1,482)				(1,482)	
00000	00-0000000	Independent Health Information Technology Services L.L.C.									0	
00000	82-1655179	Innovative Product Alignment, LLC									0	
00000	82-0658250	Inside RX, LLC									0	
00000	81-0425785	Intermountain Underwriters, Inc.					16,757				16,757	
00000	00-0000000	International Pharmaceutical Solutions, GmbH									0	
00000	84-3406799	JA Lofts Holdings, LLC									0	
00000	84-3395923	JA Lofts JV Limited Partnership									0	
00000	00-0000000	Kuwait Emirates Administration Services WLL									0	
00000	20-8064696	Kronos Optimal Health Company					(2,608)				(2,608)	
00000	47-5292506	L&C Investments, LLC									0	
00000	47-4375626	Lakehills CM-CG LLC									0	
65722	63-0343428	Loyal American Life Insurance Company	(21,017,979)	(3,982,021)			(72,873,882)				(97,873,882)	
00000	58-2593075	Lynnfield Compounding Center, Inc.									0	
00000	04-3546044	Lynnfield Drug, Inc.									0	
00000	27-1506930	MAH Pharmacy, LLC									0	
00000	80-0908244	Mallory Square Partners I, LLC									0	
00000	88-0241365	Managed Care Consultants, Inc.									0	
00000	51-0500147	Matrix GPO, LLC									0	
00000	59-3720653	Matrix Healthcare Services, Inc.									0	
00000	06-1346406	MCC Independent Practice Association of New York, Inc.					(24,264)				(24,264)	
00000	45-4937055	MDLive, Inc.									0	
00000	00-0000000	MDLive LLC									0	

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00000	00-0000000	MDLivevisit, LLC									0	
00000	00-0000000	MDLive Provider Services, LLC									0	
34720	13-3506395	Medco Containment Insurance Company of NY									0	
63762	42-1425239	Medco Containment Life Insurance Company	(32,300,000)	90,000,000			(3,547,290)				86,452,710	
00000	27-3709630	Medco Europe II, LLC					(109,402,181)				(141,702,181)	
00000	46-2166374	Medco Europe, LLC									0	
00000	84-5017653	Medco Health Information Network Partners, Inc.									0	
00000	81-0616525	Medco Health Puerto Rico, LLC									0	
00000	26-3544786	Medco Health Services, Inc.									0	
00000	22-3461740	Medco Health Solutions, Inc.	32,300,000	(90,000,000)							(57,700,000)	
00000	88-0334401	Mediversal, Inc.									0	
00000	27-3801345	MedSolutions Holdings, Inc.									0	
00000	87-2810715	Montclair 11 Pine Operating Company LLC									0	
00000	87-2810715	Montclair 11 Pine Urban Renewal LLC									0	
00000	87-2772585	Montclair Residences JV LLC									0	
00000	32-0071543	MSI Health Organization of Texas, Inc.					(2,015,236)				(2,015,236)	
00000	27-5492993	MSI HT, LLC									0	
00000	27-5493148	MSI LT, LLC									0	
00000	27-5493321	MSI SAR-GW, LLC									0	
00000	86-1090522	MSIAZ I, LLC									0	
00000	20-1749733	MSICA I, LLC									0	
00000	20-1222347	MSICO I, LLC									0	
00000	55-0840800	MSIFL, LLC									0	
00000	26-0181185	MSIMD I, LLC									0	
00000	74-3122235	MSINC I, LLC									0	
00000	11-3715243	MSINH II, LLC									0	
00000	03-0524694	MSINH, LLC									0	
00000	20-1749446	MSINJ I, LLC									0	
00000	20-1761914	MSINV I, LLC									0	
00000	55-0840806	MSISC II, LLC									0	
00000	26-0336736	MSIVT I, LLC									0	
00000	20-2536458	MSIWA, LLC									0	
00000	36-4833284	MyM Technology Services, LLC									0	
00000	82-1350878	myMatrixx Holdings, LLC									0	
00000	46-2589799	myMatrixx-B, LLC									0	
00000	00-0000000	NAS Administrative Services Company LLC									0	
00000	00-0000000	NAS Neuron Health Services, L.L.C.									0	
00000	00-0000000	NAS United SPV									0	
00000	00-0000000	Neuron LLC									0	
00000	52-1929677	NewQuest Management Northeast, LLC					191,223,519				191,223,519	
00000	33-1033586	NewQuest Management of Alabama, LLC					261,792,525				261,792,525	
00000	20-4954206	NewQuest Management of Florida, LLC					38,704,353				38,704,353	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	77-0632665	NewQuest Management of Illinois, LLC					35,618,531				35,618,531	
00000	45-0633893	NewQuest Management of West Virginia, LLC										
00000	76-0628370	NewQuest, LLC	(590,000,000)				(1,323,856)				(591,323,856)	
00000	82-5244890	Octave Health Group, Inc.										0
00000	91-1599329	Olympic Health Management Services, Inc.										0
00000	91-1500758	Olympic Health Management Systems, Inc.										0
00000	80-0818758	Patient Provider Alliance, Inc.										0
00000	35-1927379	Priority Healthcare Corporation										0
00000	59-3761140	Priority Healthcare Distribution, Inc.										0
67903	23-1335885	Provident American Life & Health Insurance Company	(3,253,804)	(746,196)			(174,085)				(4,174,085)	
00000	00-0000000	PT GAR Indonesia										0
00000	45-5046449	PUR Arbors Apartments Venture LLC										0
00000	46-1801639	QualCare Management Resources Limited Liability Company										0
00000	00-0000000	Qualient Pharmaceuticals Holdings LP										0
00000	00-0000000	Qualient Pharmaceuticals Health LLC					(12,587)				(12,587)	
00000	45-5569416	QPID Health, LLC										0
00000	83-1460134	Rise-CG Capitol Hill, LP										0
00000	84-3254168	Rise-CG JA Lofts Limited Partnership										0
00000	35-1641636	Sagamore Health Network, Inc.					967,340				967,340	
00000	46-3593103	SB-SNH LLC										0
00000	95-2876207	Secon Properties, LP										0
00000	82-1732483	SOMA Apartments Venture LLC										0
00000	82-4405071	Specialty Products Acquisitions, LLC										0
00000	61-1317695	SpectraCare Health Care Ventures, Inc.										0
00000	61-1147068	SpectraCare, Inc.										0
77399	13-1867829	Sterling Life Insurance Company	(10,788,947)	788,947			(1,877,893)				(11,877,893)	
00000	47-2658932	Strategic Pharmaceutical Investments, LLC										0
00000	00-0000000	SureScripts, LLC										0
00000	87-0903685	Swedesford Road Apartments, LLC										0
00000	22-3474888	Systemed, LLC										0
00000	23-3074013	Tel-Drug of Pennsylvania, LLC										0
00000	46-0427127	Tel-Drug, Inc.										0
00000	00-0000000	Temple Insurance Company Limited					(34,500)				(34,500)	
00000	20-5524622	Tennessee Quest, LLC										0
00000	75-3108527	TexQuest, LLC										0
00000	85-1955731	The Flats at Interbay Holdings, LLC										0
00000	85-1955075	The Flats at Interbay JV Limited Partnership										0
00000	85-1962013	The Flats at Interbay Limited Partnership										0
00000	46-5264463	Trainer Rx, Inc.										0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	00-0000000	Transwestern Federal, L.L.C.									0	
00000	00-0000000	Transwestern Federal Holdings, L.L.C.									0	
00000	88-0344624	Universal Claims Administration									0	
00000	98-0463704	Vielife Services, Inc.									0	
00000	00-0000000	Verity Solutions Group, Inc.	(25,000,000)				(2,351)				(25,002,351)	
00000	00-0000000	Westcore CG AC, LLC									0	
00000	84-3178563	Westcore CG Camelback, LLC									0	
00000	84-3178563	Westcore CG Cedar Port, LLC									0	
00000	00-0000000	Westcore CG Commerce, LLC									0	
00000	84-3178563	Westcore CG Dove Valley I, LLC									0	
00000	84-3178563	Westcore CG Dove Valley II, LLC									0	
00000	84-3178563	Westcore CG Eisenhauer, LLC									0	
00000	84-3178563	Westcore CG II Eisenhauer, LLC									0	
00000	84-3178563	Westcore CG Fountain Lakes, LLC									0	
00000	84-3178563	Westcore CG Gateway, LLC									0	
00000	84-3178563	Westcore CG I-35, LLC									0	
00000	84-3178563	Westcore CG Navy, LLC									0	
00000	84-3178563	Westcore CG Potomac Park, LLC									0	
00000	84-3178563	Westcore CG Solano, LLC									0	
00000	84-3178563	Westcore CG Susana, LLC									0	
00000	00-0000000	Westcore CG Venture, LLC									0	
00000	87-3624928	Westcore CG Venture II, LLC									0	
00000	87-3624928	Westcore CG II AC, LLC									0	
00000	87-3624928	Westcore CG II Park 225, LLC									0	
00000	87-3624928	Westcore CG II Union Cross, LLC									0	
00000	00-0000000	Willow DSP LLC									0	
00000	00-0000000	YCFM Servicios LTDA									0	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control Affiliation of Column 5 Over Column 6 (Yes/No)
0000001	Allegiance Life & Health Insurance Company	95.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000002	American Retirement Life Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000003	Bravo Health Mid-Atlantic, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000004	Bravo Health Pennsylvania, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000005	CareCore NJ, LLC	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000006	Cigna Arbor Life Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000007	Cigna Dental Health Of Colorado, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000008	Cigna Dental Health Of Delaware, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000009	Cigna Dental Health Of Florida, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000010	Cigna Dental Health Of Kansas, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000011	Cigna Dental Health Of Kentucky, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000012	Cigna Dental Health Of Maryland, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000013	Cigna Dental Health Of Missouri, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000014	Cigna Dental Health Of New Jersey, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000015	Cigna Dental Health Of North Carolina, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000016	Cigna Dental Health Of Ohio, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000017	Cigna Dental Health Of Pennsylvania, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000018	Cigna Dental Health Of Texas, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000019	Cigna Dental Health Of Virginia, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000020	Cigna Dental Health Plan Of Arizona, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000021	Cigna Health and Life Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000022	Cigna HealthCare Mid-Atlantic, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000023	Cigna HealthCare of Arizona, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000024	Cigna HealthCare of Colorado, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000025	Cigna HealthCare of Connecticut, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000026	Cigna HealthCare of Florida, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000027	Cigna HealthCare of Georgia, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000028	Cigna HealthCare of Illinois, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000029	Cigna HealthCare of Indiana, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000030	Cigna HealthCare of Maine, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000031	Cigna HealthCare of Massachusetts, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000032	Cigna HealthCare of New Hampshire, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000033	Cigna HealthCare of New Jersey, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000034	Cigna HealthCare of North Carolina, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000035	Cigna HealthCare of Pennsylvania, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000036	Cigna HealthCare of South Carolina, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000037	Cigna HealthCare of St. Louis, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000038	Cigna HealthCare of Tennessee, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000039	Cigna HealthCare of Texas, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000040	Cigna HealthCare of Utah, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000041	Cigna Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000042	Cigna National Health Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000043	Cigna Worldwide Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000044	Connecticut General Life Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000045	Express Reinsurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
0000046	Great-West Healthcare of Illinois, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000047	HealthSpring Life & Health Insurance Company, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000048	HealthSpring of Florida, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000049	Loyal American Life Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000050	Medco Containment Insurance Company of NY	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000051	Medco Containment Life Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000052	Provident American Life & Health Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
0000053	Sterling Life Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO










APRIL FILING

19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES

AUGUST FILING

24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
10. Not applicable	
11. Business not written	
12. Not applicable	
13. Business not written	
14. Business not written	
16. Not applicable	
17. Not applicable	
18. Not applicable	
19. Not applicable	

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	
19. Long-Term Care Experience Reporting Forms [Document Identifier 306]	



SUPPLEMENT FOR THE YEAR 2022 OF THE HealthSpring Life & Health Insurance Company, Inc.

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0901

(To Be Filed by March 1)

NAIC Company Code 12902

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	0
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	0
1.2 Supplemental Benefits		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	0	XXX	0	XXX	XXX
5.2 Supplemental Benefits	0	XXX	0	XXX	XXX
6. Total Premiums	0	XXX	0	XXX	0
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	0	XXX		XXX	0
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits	(130,819)	XXX		XXX	(130,819)
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage	130,819	XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage	130,819	XXX	0	XXX	XXX
10.2 Supplemental Benefits	(130,819)	XXX	0	XXX	XXX
11. Total Claims	0	XXX	0	XXX	(130,819)
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		0
12.3 Reimbursements Receivable-change	XXX		XXX		XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid	(51,184)	XXX		XXX	(51,184)
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss	0	XXX	0	XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	182,003