



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
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 Illinois, State of Domicile or Port of Entry IL

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 525 W. Monroe Street, Chicago, IL, US 60661
(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@cignahealthcare.com, 615-401-4566
(E-mail Address) (FAX Number)

OFFICERS

President & Chief Executive Officer Christopher DeRosa Corporate Secretary Alicia Morrow
Chief Financial Officer Gregory J Czar Appointed Actuary Shyam Kolli #

OTHER

Louis Crognale, Compliance Officer Peter McCauley MD #, Corporate Medical Director Scott Ronald Lambert, Vice President & Treasurer

DIRECTORS OR TRUSTEES

Tyler Norton # Angela Kloepter-Shapiro Gregory J Czar
Jaime Benedict Peter McCauley MD # Katherine McDonald #
Christopher DeRosa

State of Tennessee SS
County of Sumner

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.

Christopher DeRosa
President and Chief Executive Officer

Gregory J. Czar
Chief Financial Officer

Shyam Kolli #
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.....

Kathleen G. Yates
Notary Public
October 26, 2027

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HealthSpring Life & Health Insurance Company, Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	666,195,789		666,195,789	681,042,129
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	87,097
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0		0	78,920,021
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$(57,314,841) , Schedule E - Part 1), cash equivalents (\$741,587,841 , Schedule E - Part 2) and short-term investments (\$, Schedule DA)	684,273,000		684,273,000	(22,806,630)
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)	3,129,021		3,129,021	2,159,746
9. Receivables for securities	5,786		5,786	730,588
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	1,353,603,596	0	1,353,603,596	740,132,951
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	10,083,283		10,083,283	8,193,053
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	3,936,798	1,452,222	2,484,576	2,435,595
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$2,651,428) and contracts subject to redetermination (\$)	2,651,428		2,651,428	960,046
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	120,028,256		120,028,256	53,680,836
18.1 Current federal and foreign income tax recoverable and interest thereon	6,068,275		6,068,275	30,625,235
18.2 Net deferred tax asset	1,440,718	635,540	805,178	35,742,539
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	1,678,484		1,678,484	99,593,743
24. Health care (\$132,368,189) and other amounts receivable	162,464,986	30,096,797	132,368,189	204,524,499
25. Aggregate write-ins for other-than-invested assets	86,980	1,000	85,980	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,662,042,804	32,185,559	1,629,857,245	1,175,888,497
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	1,662,042,804	32,185,559	1,629,857,245	1,175,888,497
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. State Income Tax Receivable	85,980		85,980	0
2502. Other Receivable	1,000	1,000	0	0
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	86,980	1,000	85,980	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$0 reinsurance ceded)	364,586,672	21,800,540	386,387,212	303,442,611
2. Accrued medical incentive pool and bonus amounts	29,003,171		29,003,171	35,555,266
3. Unpaid claims adjustment expenses.....		6,026,630	6,026,630	5,168,676
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	220,636,883		220,636,883	159,722,839
5. Aggregate life policy reserves.....			0	0
6. Property/casualty unearned premium reserves.....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance.....			0	27
9. General expenses due or accrued.....	1,337,831		1,337,831	1,288,510
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable.....			0	0
12. Amounts withheld or retained for the account of others.....			0	0
13. Remittances and items not allocated.....	549,417		549,417	948,909
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current).....			0	43,768,095
15. Amounts due to parent, subsidiaries and affiliates.....	171,136,295		171,136,295	115,198,317
16. Derivatives.....			0	0
17. Payable for securities.....			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans.....			0	911,761
23. Aggregate write-ins for other liabilities (including \$120,827,554 current).....	120,827,554	0	120,827,554	61,508,492
24. Total liabilities (Lines 1 to 23).....	908,077,823	27,827,170	935,904,993	727,513,503
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	724,190,962	274,190,962
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	(32,738,710)	171,684,032
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$).....	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	693,952,252	448,374,994
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,629,857,245	1,175,888,497
DETAILS OF WRITE-INS				
2301. Amount Due to CMS	114,419,174		114,419,174	54,966,521
2302. Escheatment Liability	6,408,380		6,408,380	6,541,971
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	120,827,554	0	120,827,554	61,508,492
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	3,702,503	3,691,284
2. Net premium income (including \$ non-health premium income)	XXX	4,892,210,437	4,870,966,532
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	
4. Fee-for-service (net of \$ medical expenses)	XXX	0	
5. Risk revenue	XXX	0	
6. Aggregate write-ins for other health care related revenues	XXX	0	(8,435)
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	4,892,210,437	4,870,958,097
Hospital and Medical:			
9. Hospital/medical benefits		3,564,195,890	3,543,535,695
10. Other professional services		123,682,131	130,503,861
11. Outside referrals	212,957,571	212,957,571	153,187,460
12. Emergency room and out-of-area	9,717,303	75,157,852	74,790,914
13. Prescription drugs		276,199,026	173,831,684
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		8,141,570	(14,709,173)
16. Subtotal (Lines 9 to 15)	222,674,874	4,260,334,040	4,061,140,441
Less:			
17. Net reinsurance recoveries		0	
18. Total hospital and medical (Lines 16 minus 17)	222,674,874	4,260,334,040	4,061,140,441
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$251,837,161 cost containment expenses		257,255,449	425,926,116
21. General administrative expenses		509,070,121	440,263,561
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		63,630,167	148,158,379
23. Total underwriting deductions (Lines 18 through 22).....	222,674,874	5,090,289,777	5,075,488,497
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(198,079,340)	(204,530,400)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		60,208,400	50,375,992
26. Net realized capital gains (losses) less capital gains tax of \$ 66,161		(43,263,596)	(589,587)
27. Net investment gains (losses) (Lines 25 plus 26)	0	16,944,804	49,786,405
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ (1,431,558))]		(1,431,558)	(995,219)
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(182,566,094)	(155,739,214)
31. Federal and foreign income taxes incurred	XXX	(18,750,942)	(6,019,185)
32. Net income (loss) (Lines 30 minus 31)	XXX	(163,815,152)	(149,720,029)
DETAILS OF WRITE-INS			
0601. Escheatment/Unclaimed Property	XXX		(8,435)
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	(8,435)
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	448,374,994	534,106,603
34. Net income or (loss) from Line 32	(163,815,152)	(149,720,029)
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 914,257	3,439,344	666,358
37. Change in net unrealized foreign exchange capital gain or (loss)	3	
38. Change in net deferred income tax	(34,386,763)	27,986,484
39. Change in nonadmitted assets	(9,660,174)	(8,264,422)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in	450,000,000	97,000,000
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		(53,400,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	245,577,258	(85,731,609)
49. Capital and surplus end of reporting period (Line 33 plus 48)	693,952,252	448,374,994
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	4,945,404,865	4,911,077,926
2. Net investment income	57,435,840	44,851,020
3. Miscellaneous income	0	(8,435)
4. Total (Lines 1 through 3)	5,002,840,705	4,955,920,511
5. Benefit and loss related payments	4,121,912,325	4,012,367,770
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	832,763,456	879,485,135
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(43,241,741)	29,373,494
10. Total (Lines 5 through 9)	4,911,434,040	4,921,226,399
11. Net cash from operations (Line 4 minus Line 10)	91,406,665	34,694,112
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	237,221,662	77,127,214
12.2 Stocks	1,066	0
12.3 Mortgage loans	72,258,433	0
12.4 Real estate	0	0
12.5 Other invested assets	2,159,728	707,778
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	3	3
12.7 Miscellaneous proceeds	1,196,553	1,091,396
12.8 Total investment proceeds (Lines 12.1 to 12.7)	312,837,445	78,926,391
13. Cost of investments acquired (long-term only):		
13.1 Bonds	253,583,989	70,580,392
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	3,134,220	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	256,718,209	70,580,392
14. Net increase/(decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	56,119,236	8,345,999
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	450,000,000	0
16.3 Borrowed funds	(43,768,095)	4,750,761
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	53,400,000
16.6 Other cash provided (applied)	153,321,824	16,269,416
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	559,553,729	(32,379,823)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	707,079,630	10,660,288
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	(22,806,630)	(33,466,918)
19.2 End of year (Line 18 plus Line 19.1)	684,273,000	(22,806,630)

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HealthSpring Life & Health Insurance Company, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	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											
1. Net premium income	4,892,210,437							4,892,811,090	(600,653)					
2. Change in unearned premium reserves and reserve for rate credit	0													
3. Fee-for-service (net of \$ medical expenses)	0													XXX
4. Risk revenue	0													XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	4,892,210,437	0	0	0	0	0	0	4,892,811,090	(600,653)	0	0	0	0	0
8. Hospital/medical benefits	3,564,195,890							3,564,367,902	(171,828)				(184)	XXX
9. Other professional services	123,682,131							123,681,515	616					XXX
10. Outside referrals	212,957,571							212,957,571						XXX
11. Emergency room and out-of-area	75,157,852							75,157,852						XXX
12. Prescription drugs	276,199,026							276,230,902	(31,924)				48	XXX
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts	8,141,570							8,141,570						XXX
15. Subtotal (Lines 8 to 14)	4,260,334,040	0	0	0	0	0	0	4,260,537,312	(203,136)	0	0	0	(136)	XXX
16. Net reinsurance recoveries	0													XXX
17. Total medical and hospital (Lines 15 minus 16)	4,260,334,040	0	0	0	0	0	0	4,260,537,312	(203,136)	0	0	0	(136)	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 251,837,161 cost containment expenses	257,255,450							257,255,450						
20. General administrative expenses	509,070,121							508,620,322	286,149				163,650	
21. Increase in reserves for accident and health contracts	63,630,167							63,630,167						XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	5,090,289,778	0	0	0	0	0	0	5,090,043,251	83,013	0	0	0	163,514	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(198,079,341)	0	0	0	0	0	0	(197,232,161)	(683,666)	0	0	0	(163,514)	0
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HealthSpring Life & Health Insurance Company, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual				0
2. Comprehensive (hospital and medical) group				0
3. Medicare Supplement				0
4. Vision only				0
5. Dental only				0
6. Federal Employees Health Benefits Plan	0			0
7. Title XVIII - Medicare	4,902,614,440		9,803,350	4,892,811,090
8. Title XIX - Medicaid	(600,653)			(600,653)
9. Credit A&H				0
10. Disability Income				0
11. Long-Term Care				0
12. Other health				0
13. Health subtotal (Lines 1 through 12)	4,902,013,787	0	9,803,350	4,892,210,437
14. Life	0			0
15. Property/casualty	0			0
16. Totals (Lines 13 to 15)	4,902,013,787	0	9,803,350	4,892,210,437

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HealthSpring Life & Health Insurance Company, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	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											
1. Payments during the year:														
1.1 Direct	4,107,218,661							4,138,996,199	(31,832,439)				54,901	
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	4,107,218,661	0	0	0	0	0	0	4,138,996,199	(31,832,439)	0	0	0	54,901	0
2. Paid medical incentive pools and bonuses	14,693,665							14,693,665						
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	386,387,212	0	0	0	0	0	0	382,997,448	3,388,902	0	0	0	862	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	386,387,212	0	0	0	0	0	0	382,997,448	3,388,902	0	0	0	862	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0													
4.2 Reinsurance assumed	0													
4.3 Reinsurance ceded	0													
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	29,003,171							29,003,171						
6. Net health care receivables (a)	(62,029,210)							(30,747,313)	(31,336,982)				55,085	
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	303,442,611	0	0	0	0	0	0	300,345,216	3,096,580	0	0	0	815	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	303,442,611	0	0	0	0	0	0	300,345,216	3,096,580	0	0	0	815	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0													
9.2 Reinsurance assumed	0													
9.3 Reinsurance ceded	0													
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	35,555,266							35,555,266						
11. Amounts recoverable from reinsurers December 31, prior year	0													
12. Incurred Benefits:														
12.1 Direct	4,252,192,472	0	0	0	0	0	0	4,252,395,744	(203,135)	0	0	0	(137)	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net	4,252,192,472	0	0	0	0	0	0	4,252,395,744	(203,135)	0	0	0	(137)	0
13. Incurred medical incentive pools and bonuses	8,141,570	0	0	0	0	0	0	8,141,570	0	0	0	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HealthSpring Life & Health Insurance Company, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	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											
1. Reported in Process of Adjustment:														
1.1 Direct	132,850,703							129,461,803	3,388,902				(2)	
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	132,850,703	0	0	0	0	0	0	129,461,803	3,388,902	0	0	0	(2)	0
2. Incurred but Unreported:														
2.1 Direct	253,536,509							253,535,645					864	
2.2 Reinsurance assumed	0													
2.3 Reinsurance ceded	0													
2.4 Net	253,536,509	0	0	0	0	0	0	253,535,645	0	0	0	0	864	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct	0													
3.2 Reinsurance assumed	0													
3.3 Reinsurance ceded	0													
3.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct	386,387,212	0	0	0	0	0	0	382,997,448	3,388,902	0	0	0	862	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	386,387,212	0	0	0	0	0	0	382,997,448	3,388,902	0	0	0	862	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HealthSpring Life & Health Insurance Company, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual					0	0
2. Comprehensive (hospital and medical) group					0	0
3. Medicare Supplement					0	0
4. Vision Only					0	0
5. Dental Only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare	90,932,746	4,048,063,453	24,045,103	358,952,343	114,977,849	300,345,217
8. Title XIX - Medicaid	(31,965,913)	133,473	4,027,442	(638,540)	(27,938,471)	3,096,580
9. Credit A&H					0	0
10. Disability Income					0	0
11. Long-Term Care					0	0
12. Other health	(49)	54,950	864		815	815
13. Health subtotal (Lines 1 to 12)	58,966,784	4,048,251,876	28,073,409	358,313,803	87,040,193	303,442,612
14. Health care receivables (a)	19,999,353	28,541,735	4,980,441	108,943,457	24,979,794	224,494,196
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	41,684,894	(26,991,228)	3,755,834	25,247,337	45,440,728	35,555,267
17. Totals (Lines 13 - 14 + 15 + 16)	80,652,325	3,992,718,913	26,848,802	274,617,683	107,501,127	114,503,683

(a) Excludes \$0 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HealthSpring Life & Health Insurance Company, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	120,004	122,893	123,435	123,435	123,435
2.	2020	3,115,410	3,367,831	3,371,334	3,372,196	3,372,196
3.	2021	XXX	3,375,288	3,548,935	3,555,977	3,555,597
4.	2022	XXX	XXX	3,287,539	3,333,144	3,342,653
5.	2023	XXX	XXX	XXX	3,915,723	4,037,315
6.	2024	XXX	XXX	XXX	XXX	4,053,716

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	138,366	122,893	123,435	123,435	123,435
2.	2020	3,492,116	3,387,155	3,371,334	3,372,196	3,372,196
3.	2021	XXX	3,768,566	3,552,253	3,555,975	3,555,597
4.	2022	XXX	XXX	3,527,556	3,349,952	3,342,653
5.	2023	XXX	XXX	XXX	4,234,815	4,065,116
6.	2024	XXX	XXX	XXX	XXX	4,437,916

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020	4,110,748	3,372,196	295,239	8.8	3,667,435	89.2			3,667,435	89.2
2. 2021	4,266,252	3,555,595	322,207	9.1	3,877,802	90.9			3,877,802	90.9
3. 2022	4,040,754	3,334,839	358,634	10.8	3,693,473	91.4			3,693,473	91.4
4. 2023	4,885,619	4,045,128	329,838	8.2	4,374,966	89.5	27,801	407	4,403,174	90.1
5. 2024	4,902,614	4,053,716	227,506	5.6	4,281,222	87.3	384,200	5,620	4,671,042	95.3

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	51,016	50,078	50,051	50,053	50,053
2. 2020	791,532	842,822	843,214	843,192	843,192
3. 2021	XXX	772,447	838,580	837,316	837,316
4. 2022	XXX	XXX	7,861	8,037	8,037
5. 2023	XXX	XXX	XXX	1,115	(29,885)
6. 2024	XXX	XXX	XXX	XXX	30,505

Section B - Incurred Health Claims - Title XIX

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	52,407	50,078	50,051	50,053	50,053
2. 2020	857,779	843,580	843,214	843,192	843,192
3. 2021	XXX	840,134	842,726	837,316	837,316
4. 2022	XXX	XXX	7,473	12,100	8,037
5. 2023	XXX	XXX	XXX	149	(25,857)
6. 2024	XXX	XXX	XXX	XXX	29,866

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020	990,269	843,192	95,345	11.3	938,537	94.8			938,537	94.8
2. 2021	942,006	837,316	88,366	10.6	925,682	98.3			925,682	98.3
3. 2022	29,940	8,037	31,670	394.1	39,707	132.6			39,707	132.6
4. 2023	(2,084)	(29,885)	4	0.0	(29,881)	1,433.8	4,027		(25,854)	1,240.6
5. 2024	(6,823)	30,505		0.0	30,505	(447.1)	(639)		29,866	(437.7)

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	84	84	84	84	84
2.	2020	(235)	(207)	(207)	(207)	(207)
3.	2021	XXX	(189)	(76)	(76)	(76)
4.	2022	XXX	XXX	(55)	(1)	(1)
5.	2023	XXX	XXX	XXX	0	(260)
6.	2024	XXX	XXX	XXX	XXX	259

Section B - Incurred Health Claims - Other

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	58	85	85	85	85
2.	2020	(235)	(207)	(207)	(207)	(207)
3.	2021	XXX	(76)	(76)	(76)	(76)
4.	2022	XXX	XXX	(1)	(1)	(1)
5.	2023	XXX	XXX	XXX	0	(260)
6.	2024	XXX	XXX	XXX	XXX	259

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020	(44)	(207)		0.0	(207)	470.5			(207)	470.5
2. 2021	0	(76)		0.0	(76)	0.0			(76)	0.0
3. 2022		(1)		0.0	(1)	0.0			(1)	0.0
4. 2023		(260)		0.0	(260)	0.0			(260)	0.0
5. 2024		259		0.0	259	0.0	1		260	0.0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HealthSpring Life & Health Insurance Company, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	171,104	173,055	173,570	173,572	173,572
2.	2020	3,906,707	4,210,446	4,214,341	4,215,181	4,215,181
3.	2021	XXX	4,147,546	4,387,439	4,393,217	4,392,837
4.	2022	XXX	XXX	3,295,345	3,341,180	3,350,689
5.	2023	XXX	XXX	XXX	3,916,838	4,007,170
6.	2024	XXX	XXX	XXX	XXX	4,084,480

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	190,831	173,056	173,571	173,573	173,573
2.	2020	4,349,660	4,230,528	4,214,341	4,215,181	4,215,181
3.	2021	XXX	4,608,624	4,394,903	4,393,215	4,392,837
4.	2022	XXX	XXX	3,535,028	3,362,051	3,350,689
5.	2023	XXX	XXX	XXX	4,234,964	4,038,999
6.	2024	XXX	XXX	XXX	XXX	4,468,041

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020	5,100,973	4,215,181	390,584	9.3	4,605,765	90.3	0	0	4,605,765	90.3
2. 2021	5,208,258	4,392,835	410,573	9.3	4,803,408	92.2	0	0	4,803,408	92.2
3. 2022	4,070,694	3,342,875	390,304	11.7	3,733,179	91.7	0	0	3,733,179	91.7
4. 2023	4,883,535	4,014,983	329,842	8.2	4,344,825	89.0	31,828	407	4,377,060	89.6
5. 2024	4,895,791	4,084,480	227,506	5.6	4,311,986	88.1	383,562	5,620	4,701,168	96.0

12.GT

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	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
		2 Individual	3 Group										
1. Unearned premium reserves	0												
2. Additional policy reserves (a)	214,344,197							214,344,197					
3. Reserve for future contingent benefits	0												
4. Reserve for rate credits or experience rating refunds (including \$ for investment income) ..	6,222,068								6,222,068				
5. Aggregate write-ins for other policy reserves	70,618	0	0	0	0	0	0	70,618	0	0	0	0	0
6. Totals (gross)	220,636,883	0	0	0	0	0	0	214,414,815	6,222,068	0	0	0	0
7. Reinsurance ceded	0												
8. Totals (Net)(Page 3, Line 4)	220,636,883	0	0	0	0	0	0	214,414,815	6,222,068	0	0	0	0
9. Present value of amounts not yet due on claims	0												
10. Reserve for future contingent benefits	0												
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0												
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. CMS Risk Corridor	70,618							70,618					
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	70,618	0	0	0	0	0	0	70,618	0	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ 214,344,197 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)			1,004,109		1,004,109
2. Salary, wages and other benefits	106,912,476	3,474,374	79,041,600		189,428,450
3. Commissions (less \$ ceded plus \$ assumed)			111,219,956		111,219,956
4. Legal fees and expenses	9,141		(9,141)		0
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services ...	81,828,158	449,776	220,297,962		302,575,896
7. Traveling expenses	312,082	15,478	6,891,266		7,218,826
8. Marketing and advertising	2,243,823		20,067,155		22,310,978
9. Postage, express and telephone	6,614,274	72,127	6,001,432		12,687,833
10. Printing and office supplies	5,871,109	178	15,577,387		21,448,674
11. Occupancy, depreciation and amortization					0
12. Equipment	62,484	3,112	108,274		173,870
13. Cost or depreciation of EDP equipment and software	1,954,706	19,448	(1,169,486)		804,668
14. Outsourced services including EDP, claims, and other services					0
15. Boards, bureaus and association fees	1,244		1,334,252		1,335,496
16. Insurance, except on real estate					0
17. Collection and bank service charges			1,377		1,377
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			1,673,107		1,673,107
23.2 State premium taxes			(296,937)		(296,937)
23.3 Regulatory authority licenses and fees	6,090		207,076		213,166
23.4 Payroll taxes	6,106,658	202,972	5,065,034		11,374,664
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere				1,523,814	1,523,814
25. Aggregate write-ins for expenses	39,914,916	1,180,823	42,055,698	249,827	83,401,264
26. Total expenses incurred (Lines 1 to 25)	251,837,161	5,418,288	509,070,121	1,773,641	(a) 768,099,211
27. Less expenses unpaid December 31, current year	5,899,697	126,932	1,337,831		7,364,460
28. Add expenses unpaid December 31, prior year	5,000,369	168,306	1,288,510		6,457,185
29. Amounts receivable relating to uninsured plans, prior year			53,680,836		53,680,836
30. Amounts receivable relating to uninsured plans, current year			120,028,256		120,028,256
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	250,937,833	5,459,662	575,368,220	1,773,641	833,539,356
DETAILS OF WRITE-INS					
2501. Other general expenses	101,823	441	(4,036,997)	249,827	(3,684,906)
2502. Stipends			1,000		1,000
2503. Other general admin	5,580,967		46,091,695		51,672,662
2598. Summary of remaining write-ins for Line 25 from overflow page	34,232,126	1,180,382	0	0	35,412,508
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	39,914,916	1,180,823	42,055,698	249,827	83,401,264

(a) Includes management fees of \$ 731,116,094 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 87,496	108,828
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 26,476,729	26,562,800
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c) 1,964,712	1,964,712
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e) 31,726,067	33,675,609
7. Derivative instruments	(f)	
8. Other invested assets	48,167	70,687
9. Aggregate write-ins for investment income	(400,595)	(400,595)
10. Total gross investment income	59,902,576	61,982,041
11. Investment expenses		(g) 1,773,641
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		1,773,641
17. Net investment income (Line 10 minus Line 16)		60,208,400
DETAILS OF WRITE-INS		
0901. Miscellaneous Investment Income	(412,268)	(412,268)
0902. Misc Income Mortgage	11,673	11,673
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	(400,595)	(400,595)
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 1,201,874 accrual of discount less \$ 321,949 amortization of premium and less \$ 2,235,459 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ 3,462,917 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)	(3,231,848)	(33,305,027)	(36,536,875)	4,440,685	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	1,053	0	1,053	(87,084)	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	(6,661,588)	0	(6,661,588)	0	0
4. Real estate		0	0		0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments			0	3	
7. Derivative instruments			0		
8. Other invested assets	(19)	0	(19)	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(9,892,402)	(33,305,027)	(43,197,429)	4,353,604	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities		471,750	471,750
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	471,750	471,750
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	1,452,222	1,082,068	(370,154)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset	635,540	999,199	363,659
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates		1,671	1,671
24. Health care and other amounts receivable	30,096,797	19,969,697	(10,127,100)
25. Aggregate write-ins for other-than-invested assets	1,000	1,000	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	32,185,559	22,525,385	(9,660,174)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	32,185,559	22,525,385	(9,660,174)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501. Other Receivable	1,000	1,000	0
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,000	1,000	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	298,471	287,503	285,023	280,208	279,702	3,407,763
2. Provider Service Organizations						
3. Preferred Provider Organizations	18,700	24,410	24,441	24,755	24,804	294,740
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	317,171	311,913	309,464	304,963	304,506	3,702,503
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of HealthSpring Life & Health Insurance Company, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Illinois Department of Insurance (the Department).

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Illinois for determining and reporting the financial condition and results of operations of a Health Maintenance Organization (HMO) for determining solvency under Illinois Insurance Law. The National Association of Insurance Commissioners' (the NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Illinois. While the Department has adopted certain prescribed accounting practices that differ from those found in NAIC SAP, the Company's financials were not affected by those differences in 2024 or 2023.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the Department is shown below:

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2024</u>	<u>2023</u>
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (163,815,152)	\$ (149,720,029)
(2) State Prescribed Practices that increase/ (decrease) NAIC SAP:					
None	—	—	—	—	—
(3) State Permitted Practices that increase/ (decrease) NAIC SAP:					
None	—	—	—	—	—
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ (163,815,152)</u>	<u>\$ (149,720,029)</u>
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 693,952,252	\$ 448,374,994
(6) State Prescribed Practices that increase/ (decrease) NAIC SAP:					
Receivable from parent & affiliates	—	—	—	—	—
(7) State Permitted Practices that increase/ (decrease) NAIC SAP:					
Capital Contribution	72	2	23	—	97,000,000
(8) Surplus per NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 693,952,252</u>	<u>\$ 351,374,994</u>

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates. The most significant item subject to estimates and assumptions is the actuarially determined medical claims liabilities included in the financial statements. Other significant estimates are the estimated risk adjustment payments receivable from Centers for Medicare & Medicaid Services ("CMS"), certain amounts recorded related to the Medicare Part D (Part D) program, and unpaid claims adjustment expenses.

The Company estimates claims payable and liabilities for incurred but unreported claims by utilizing historical claims data and actuarially determined data, and adjusting the data by trend factors. Because actuarial information is utilized to project future liabilities, it is reasonably possible that the estimated liability may be adjusted in future periods upon receipt of more current information.

C. Accounting Policies

NOTES TO FINANCIAL STATEMENTS

1. *Net Premium Income:* Net premium income represents premiums collected through CMS and from members. Net premium income is due monthly and is recognized as revenue during the period in which the Company is obligated to provide services to members. Premiums collected in advance are deferred and recorded as advance payments.
2. *Medicare Advantage:* The Company's Medicare premium revenue is subject to adjustment based on the health risk of its members. This process for adjusting premiums is referred to as the CMS risk adjustment payment methodology. Under the risk adjustment payment methodology, managed care plans must capture, collect, and report diagnosis code information to CMS. After reviewing the respective submissions, CMS establishes the payments to Medicare plans generally at the beginning of the calendar year, and then adjusts premium levels on two separate occasions on a retroactive basis. The first retroactive risk premium adjustment for a given fiscal year generally occurs during the third quarter of such fiscal year. This initial settlement (the Initial CMS Settlement) represents the updating of risk scores for the current year based on the prior year's dates of service. CMS then issues a final retroactive risk premium adjustment settlement for the fiscal year in the following year (the Final CMS Settlement) based on the prior year's dates of service. The Company estimates and records on a monthly basis both the Initial CMS Settlement and the Final CMS Settlement for the current CMS plan year. All such estimated amounts are periodically updated as necessary as additional diagnosis code information is reported to CMS and adjusted to actual amounts when the ultimate adjustment settlements are either received from CMS or the Company receives notification from CMS of such settlement amounts.

As a result of the variability of factors, including plan risk scores, that determine such estimations, the actual amount of CMS's retroactive risk premium settlement adjustments could be materially more or less than the Company's estimates. The Company's risk adjustment payments are subject to review and audit by CMS, which can potentially take several years to resolve completely. Any adjustment to net premium income and the related medical expense for risk-sharing arrangements with providers as a result of such review and audit would be recorded when estimable.

3. *Medicare Part D:* The Company provides prescription drug benefits pursuant to Medicare Advantage Part D. Prescription drug benefits under Medicare Advantage plans vary in terms of coverage levels and out-of-pocket costs for premiums, deductibles and coinsurance. All Part D plans are required by law to offer either standard coverage or its actuarial equivalent (with out-of-pocket threshold and deductible amounts that do not exceed those of standard coverage). In addition to standard coverage plans, the Company offers supplemental benefits in excess of the standard coverage.

To participate in Part D, the Company is required to provide written bids to CMS, which among other items, includes the estimated costs of providing prescription drug benefits. Payments from CMS are based on these estimated costs.

The monthly Part D payments the Company receives from CMS for Part D plans generally represent the Company's bid amount for providing insurance coverage, both standard and supplemental, and is recognized monthly as net premium income. The amount of CMS payments relating to the Part D standard coverage is subject to adjustment, positive or negative, based upon the application of risk corridors that compare the Company's prescription drug costs in its bids to CMS to the Company's actual prescription drug costs. Variances exceeding certain thresholds may result in CMS making additional payments to the Company or the Company refunding to CMS a portion of the premium payments it previously received. The Company estimates and recognizes an adjustment to net premium income related to estimated risk corridor payments based upon its actual prescription drug cost for

NOTES TO FINANCIAL STATEMENTS

each reporting period as if the annual contract were to end at the end of each reporting period, in accordance with NAIC Interpretation No. 05-05, *Accounting for Revenues under Medicare Part D Coverage*. Risk corridor adjustments do not take into account estimated future prescription drug costs.

The Company recognizes net premium income for the Part D payments received from CMS for which it assumes risk. Certain Part D payments from CMS represent payments for claims the Company pays for which it assumes no risk. The Company accounts for these subsidies as amounts receivable relating to uninsured plans or liability for amounts held under uninsured plans on the balance sheet. The Company does not recognize premium income or hospital, medical, and pharmaceutical expenses for these subsidies as these amounts represent pass-through payments from CMS to fund deductibles, copayments, and other member benefits in accordance with SSAP No. 47, *Uninsured Plans* (SSAP 47).

The Company recognizes prescription drug costs as incurred, net of rebates from its pharmacy benefit manager. The Company has subcontracted the prescription drug claims administration to an affiliated pharmacy benefit manager, Express Scripts, Inc.

Cost of care that is paid on a fee-for-service basis, a per diem basis, or other basis includes actual reported claims and an estimate of IBNR claims. IBNR claims are estimated by using historical trends, current membership statistics, and other information. Cost of care paid on a capitation basis is recognized in the month of coverage. Cost of pharmaceuticals is recognized in the month incurred.

4. *Medicaid:* Medicaid experience rebate payable consists of estimates of amounts due under Medicaid contracts with the HHSC. These amounts are computed based on a percentage of Medicaid profits as defined in the contract with HHSC. The profitability computation includes premium revenue earned from the state less actual medical and administrative costs incurred and paid and less estimated unpaid claims payable for applicable membership. The unpaid claims payable estimates are based on historical payment patterns using actuarial techniques. A final settlement is generally made 334 days after the contract period ends using paid claims data and is subject to audit by HHSC any time thereafter. Any adjustment made to the experience rebate payable as a result of final settlement is included in current operations.
5. *Due and Uncollected Premiums:* Health premiums due and uncollected and amounts due to CMS are recorded during the period the Company is obligated to provide services to members and do not bear interest. Receivable balances greater than 90 days past due which are not reserved are included as non-admitted assets. Account balances are charged off after all means of collection have been exhausted and the potential for recovery is considered remote.

Health premiums under government insured plans, including amounts over 90 days due, and amounts due to CMS that qualify as accident and health contracts in accordance with SSAP No. 50, *Classifications and Definitions of Insurance or Managed Care Contracts in Force* (SSAP 50), are included in admitted assets or liabilities, respectively.

6. *Acquisition Costs:* Acquisition costs are certain marketing costs that vary with, and are primarily related to, the acquisition of member contracts. These costs are expensed as incurred and are included in general and administrative expenses in the accompanying statement of revenue and expenses.
7. *Investments:* In the normal course of business, the Company enters into transactions involving various types of financial instruments. These financial instruments primarily include bonds on the balance sheet. These instruments may change in value due to interest rate and market fluctuations and most also have credit risk. The

NOTES TO FINANCIAL STATEMENTS

Company evaluates and monitors each financial instrument individually. The Company did not have any off-balance sheet financial instruments as of December 31, 2024 and 2023.

8. *Fair Values:* Fair values of financial instruments are based on quoted market prices when available. When market prices are not available, fair value is generally estimated using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality. In instances where there is little or no activity for the same or similar instruments, the Company estimates fair value using methods, models, and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price.
9. *Cash, Cash Equivalents and Short-term Investments:* Cash and cash equivalents consist of cash and short-term investments that will mature in three months or less from the time of purchase and are carried at amortized cost, which approximates fair value. Negative cash represents cash that is in a net overdraft position. Investments with a maturity greater than three months but less than one year at the time of purchase are included in short-term investments and are carried at amortized cost.
10. *Bonds:* Investments in bonds and short-term investments designated highest quality (NAIC-1) and high quality (NAIC-2) are carried at amortized cost. All others are carried at the lesser of cost or fair value. Amortization of bond premium or discount is calculated using the scientific (constant yield) interest method. Bonds containing call provisions are amortized to call value/date which produces the lowest asset value (yield to worst). Investments with original maturities of less than one year from the time of purchase are classified as short-term. Bonds are considered impaired and their cost basis is written down to fair value through net income, when management expects a decline in value to persist (i.e., the decline is other-than-temporary).
11. *Common stocks:* Common stocks are carried at fair value.
12. *Preferred stocks:* The Company holds no preferred stocks.
13. *Mortgage loans:* Mortgage loans held by the Company are made exclusively to commercial borrowers at a fixed rate of interest. Commercial mortgage loans are carried at unpaid principal balances or, if impaired, the lower of unpaid principal or fair value of the underlying real estate. If the fair value of the underlying real estate is less than unpaid principal on an impaired loan, a valuation reserve is recorded. Commercial mortgage loans are considered impaired when it is probable that the Company will not collect amounts due according to the terms of the original loan agreement. The Company monitors credit risk and assesses the impairment of loans individually and on a consistent basis for all loans in the portfolio. The Company estimates the fair value of the underlying real estate using internal valuations generally based on discounted cash flow analyses. Certain commercial mortgage loans without valuation reserves may be considered impaired because the Company may not collect all interest due according to the terms of the original agreements. However, the Company expects to recover its remaining carrying value in these circumstances primarily because the fair value of the underlying real estate exceeds the carrying value of these loans.
14. *Loan-Backed Securities:* Loan-backed bonds and structured securities are stated at amortized cost using the constant yield method. Significant changes in estimated cash flows from the original purchase assumptions are accounted for generally using the retrospective method. Significant changes in estimated cash flows from the original purchase assumptions for loan-backed and structured securities that have potential for loss of a significant portion of the original investment are

NOTES TO FINANCIAL STATEMENTS

accounted for using the prospective method. These securities are presented on the balance sheet as bonds.

15. *Investments in Subsidiaries, Controlled, and Affiliated entities (SCA):* The Company holds no investments in subsidiaries, controlled and affiliated entities.
16. *Joint Ventures, Partnerships and Limited Liability Companies:* The Company holds no investments in joint ventures, partnerships, and limited liability companies.
17. *Derivatives:* The Company has no derivative instruments.
18. *Claims Payable:* Claims payable and liabilities for IBNR claims represent the Company's liability for services that have been performed by providers for members that have not been settled. These liabilities include medical claims reported to the Company, as well as an actuarially determined estimate of claims that have been incurred but not yet reported to the Company.

The IBNR component is based upon the Company's historical claims data, current enrollment, health services utilization statistics and other related information. Estimating IBNR is complex and involves a significant amount of judgment. Changes in this estimate can materially affect, either favorably or unfavorably, the Company's statement of revenues and expenses or overall financial position.

The Company develops its estimate for IBNR using standard actuarial development methodologies, including the completion factor method. This method estimates liabilities for claims based upon the historical lag between the month when services are rendered and the month claims are paid and takes into consideration factors such as expected medical cost inflation, seasonality patterns, product mix, and membership changes. The completion factor is a measure of how complete the claims paid to date are relative to the estimate of the total claims for services rendered for a given reporting period. Although the completion factors are generally reliable for older service periods, they are more volatile, and hence less reliable, for more recent periods, given that the typical billing lag for services can range from a week to as much as 90 days from the date of service. As a result, for the most recent two to four months, the estimate for incurred claims is developed by also considering recent per member per month claim trends.

Each period, the Company reexamines the previously established estimates of claims payable and liabilities for IBNR claims based on actual claim submissions and other relevant changes in facts and circumstances. As the estimated liabilities recorded in prior periods become more exact, the Company increases or decreases the amount of the estimates, and includes the changes in hospital, medical, and pharmaceutical expenses in the period in which the change is identified. Therefore, the Company's reported results include the effects of more completely developed estimates associated with prior years.

Included in hospital, medical, and pharmaceutical expenses are claim payments, capitation payments, risk-sharing payments, and pharmacy costs, net of rebates, as well as estimates of future payments of claims provided for services rendered prior to year end. Capitation payments represent monthly contractual fees disbursed to physicians and other providers who are responsible for providing medical care to members. Risk sharing payments represent amounts paid under risk sharing arrangements with providers including independent physician associations. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers. Rebates are recognized when the rebates are earned according to the contractual arrangements with the respective vendors.

19. *Accrued Medical Incentives and Bonus Amounts:* The Company contracts with physicians or provider groups to provide medical services to their members. The

NOTES TO FINANCIAL STATEMENTS

Company pays capitation or negotiated fees for defined services provided by the physicians. The Company and some of the physicians have entered into incentive sharing agreements. Under the terms of these agreements, certain providers are eligible to receive a provider bonus based on qualitative and quantitative factors. Incentive sharing balances are estimated using current experience to calculate the current receivable or payable for each contract. These estimates may be adjusted based on actual experience and contract terms. The incentive sharing receivables and payables are reported gross on the balance sheet. Incentive sharing receivables are admitted in accordance with SSAP No. 84, *Certain Health Care Receivables and Receivables Under Government Insured Plans* (SSAP 84).

20. *Asset Capitalization Policy:* The Company has not modified its capitalization policy from the prior period.
21. *Pharmaceutical Rebate Receivables:* Pharmacy rebate receivables consist of reasonably estimable amounts, based upon utilization data and past history, and billed amounts to pharmaceutical companies. In accordance with SSAP 84, pharmacy rebate receivables are included as Healthcare Receivables on the statutory basis statements of admitted assets, liabilities, and capital and surplus. The income from pharmacy rebates is reported as a reduction of claims expense in the statutory basis statements of income. Generally, rebate amounts are invoiced monthly and settled within 30-45 days of the invoice date, based on contract payment terms. Pharmaceutical rebates billed or confirmed but uncollected less than 90 days of invoice or confirmed date have been admitted.
22. *Claims Overpayment Receivable:* Claims overpayment receivables invoiced and expected to be collected within 90 days of invoice date have been admitted.
23. *Net Investment Income:* When interest and principal payments on bonds are current, the Company recognizes interest income when it is earned. The Company stops recognizing interest income when interest payments are 90 days past due or when certain terms (interest rate or maturity date) of the bond have been restructured. Investment income on these bonds is only recognized when interest payments are received. See Note 7 for further information.

Investments and investment income due and accrued are evaluated in accordance with SSAP No. 5R, *Liabilities, Contingencies, and Impairments of Assets – Revised* (SSAP 5R), to determine whether impairment exists. Any amounts determined to be uncollectible are written off through the statutory basis statements of income. No amounts were written off in either period presented.

24. *Investment Gains and Losses:* Unrealized capital gains and losses on investments carried at fair value are reflected directly in unassigned surplus. Realized capital gains and losses resulting from sales and investment asset write-downs are based on specifically identified assets and are recognized in net income. The Company had no write-downs of investment assets in either period presented.
25. *Nonadmitted Assets:* In accordance with various SSAPs, certain assets or certain portions of assets are excluded from the Company's admitted assets on its balance sheet through a direct charge to unassigned surplus. These nonadmitted assets may include intangible assets, capitalized software, furniture and equipment, leasehold improvements, unsecured receivables, prepaid expenses, overdue insurance premiums and subsidiary investments. Certain assets are limited by factors, such as a percentage of surplus, as to the amounts that qualify as admitted assets. Such assets may include electronic data processing equipment and deferred taxes.
26. *Premium Deficiency Reserves:* In accordance with SSAP No. 54R, *Individual and Group Accident and Health Contracts - Revised* (SSAP 54R), liabilities for premium deficiencies are recognized when it is probable that expected claims expense (hospital, medical and pharmaceutical) and administrative expenses will exceed future premiums on existing insurance contracts. For purposes of estimating

NOTES TO FINANCIAL STATEMENTS

premium deficiency reserves, anticipated investment income is considered and contracts are grouped in a manner consistent with the Company's method of acquiring, servicing, and measuring the profitability of such contracts.

27. *Medical Loss Ratio:* The Affordable Care Act (ACA) requires health insurance issuers to submit data on the proportion of premium revenues spent on clinical services and quality improvement, also known as the Medical Loss Ratio (MLR). The Company includes an accrual for MLR rebates to enrollees if this percentage does not meet minimum standards.
28. *Income Taxes:* The Company is included in the consolidated United States federal income tax return filed by Cigna. Pursuant to the Tax Sharing Agreement with Cigna, federal income taxes are allocated to the Company as if it were filing on a separate return basis. The tax benefit of net operating losses, capital losses and tax credits are funded to the extent they reduce the consolidated federal income tax liability. The Company generally recognizes deferred income taxes when assets and liabilities have different values for financial statement and tax reporting purposes (temporary difference). Limitations of the admitted amount of the deferred tax asset are calculated in accordance with SSAP No. 101, *Income Taxes – A Replacement of SSAP No. 10R and SSAP No. 10* (SSAP101). Additional detailed information about the Company's income taxes is disclosed in Note 9. The accounting policy election has been made to disregard Corporate Alternative Minimum Tax (CAMT) when evaluating the need for a valuation allowance for the Company's regular deferred tax assets.

The Company elected to use rounding in reporting certain amounts within the statement. The amounts in this statement pertain to the entire Company's business.

D. Going Concern

The Company has assessed and concluded that there were no conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern within one year after the date the financial statements were issued.

2. Accounting Changes and Corrections of Errors

A. Material Changes in Accounting Principles and/or Correction of Errors

Changes in Accounting Principles – None.

Corrections of Errors - None.

3. Business Combinations and Goodwill

A. Statutory Purchase Method – not applicable.

B. Statutory Merger - not applicable.

C. Assumption Reinsurance – not applicable.

D. Impairment Loss – not applicable.

4. Discontinued Operations

A. Discontinued Operation Disposed of or Classified as Held for Sale – not applicable.

B. Change in Plan of Sale of Discontinued Operation – not applicable.

C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal – not applicable.

D. Equity Interest Retained in the Discontinued Operation After Disposal – not applicable.

NOTES TO FINANCIAL STATEMENTS

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - not applicable.

B. Debt Restructuring - not applicable.

C. Reverse Mortgages – not applicable.

D. Loan-Backed Securities

1. Prepayment assumptions for loan-backed securities and other structured securities were obtained from external financial data sources. These assumptions are consistent with the current interest rate and economic environment.
2. The Company had no loan-backed and structured securities with recognized other-than-temporary impairments where the Company had the intent to sell or does not have the intent and ability to retain the investment for a period of time sufficient to recover the amortized cost basis as of December 31, 2024.
3. The Company had no loan-backed and structured securities with recognized other-than-temporary impairments where the present value of cash flow expected to be collected is less than the amortized cost basis as of December 31, 2024.
4. As of December 31, 2024 and 2023, loan-backed and structured securities with a decline in fair value from amortized cost were as follows, including the length of time of such decline:

	2024	2023
a. The aggregate amount of unrealized losses:		
1. Less than 12 months:	\$ 155	\$ 39
2. 12 months or longer:	33,641	1,115,338
b. The aggregate related fair value of securities with unrealized losses:		
1. Less than 12 months:	\$ 11,001	\$ 6,406
2. 12 months or longer:	2,548,549	18,105,557

5. Management reviews loan-backed and structured securities with a decline in fair value from cost for impairment based on criteria that include:

- length of time and severity of decline;
- financial health and specific near term prospects of the issuer;
- changes in the regulatory, economic or general market environment of the issuer's industry or geographic regions; and
- the Company's intent to sell or the inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost.

Based on this review, management believes the unrealized depreciation on loan-backed securities to be temporary, and therefore has not impaired these amounts.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions – not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – not applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – not applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale – not applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – not applicable.

NOTES TO FINANCIAL STATEMENTS

J. Real Estate – not applicable.

K. Investments in Low Income Housing Tax Credits – not applicable.

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

The Company has restricted assets on deposit with various regulatory agencies for the protection or benefit of enrolled members at December 31, 2024 and 2023. These amounts are reflected as bonds in the accompanying Balance Sheets. The following table presents the restricted assets as a percentage of total gross assets and total admitted assets.

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	—	—	—	—	—	—	—
b. Collateral held under security lending agreements	—	—	—	—	—	—	—
c. Subject to repurchase agreements	—	—	—	—	—	—	—
d. Subject to reverse repurchase agreements	—	—	—	—	—	—	—
e. Subject to dollar repurchase agreements	—	—	—	—	—	—	—
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	—	—
g. Placed under option contracts	—	—	—	—	—	—	—
h. Letter stock or securities restricted as to sale	—	—	—	—	—	—	—
i. FHLB capital stock	—	—	—	—	—	—	—
j. On deposit with states	\$ 8,536,648	\$ 6,844,863	\$1,691,785	\$ —	\$ 8,536,648	0.5 %	0.5 %
k. On deposit with other regulatory bodies	—	—	—	—	—	—	—
l. Pledged collateral to FHLB (including assets backing funding)	—	—	—	—	—	—	—
m. Pledged as collateral not captured in other categories	—	—	—	—	—	—	—
n. Other restricted assets	—	—	—	—	—	—	—
o. Total Restricted Assets	\$ 8,536,648	\$ 6,844,863	\$1,691,785	\$ —	\$ 8,536,648	0.5%	0.5%

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) – not applicable.

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate) – not applicable.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – not applicable.

M. Working Capital Finance Investments – none.

N. Offsetting and Netting of Assets and Liabilities – none.

O. 5GI Securities – none.

P. Short Sales – none.

Q. Prepayment Penalty and Acceleration Fees

NOTES TO FINANCIAL STATEMENTS

(In whole dollars)	General Account	Separate Account
(1) Number of CUSIPs	1	—
(2) Aggregate amount of investment income	\$ 7,603	\$ —

R. Reporting Entity's Share of Cash Pool by Asset Type - none.

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships and Limited Liability Companies – not applicable.

B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies – not applicable.

7. Investment Income

A. Due and accrued income is excluded from surplus on the following bases:

(1) Bonds - If deemed collectible, investment income due and accrued exceeding 90 days past due is non-admitted.

(2) Mortgage loans - If deemed collectible, investment income due and accrued exceeding 180 days past due is non-admitted.

B. No amounts were excluded for the year ended December 31, 2024. The amount excluded for the year ended December 31, 2023 was \$234,455.

C. The gross, nonadmitted and admitted amounts for interest income due and accrued:

Interest Income Due and Accrued	<u>Amount</u>
1. Gross	10,083,283
2. Nonadmitted	<u>—</u>
3. Admitted	<u><u>\$ 10,083,283</u></u>

D. The aggregate deferred interest - not applicable

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance - \$72,511

8. Derivative Instruments

A. Derivatives under *SSAP No. 86 – Derivatives*

(1) Market Risk, Credit Risk, and Cash Requirements for Derivatives – not applicable.

(2) Objectives for the Use of Derivatives – not applicable.

(3) Description of Accounting Policies for Derivatives – not applicable.

(4) Identification of Contracts with Financing Premiums- not applicable.

(5) Net Gain or Loss from Derivatives excluded from assessment of hedge effectiveness – not applicable.

(6) Net Gain or Loss from Derivatives that no longer qualify for hedge accounting – not applicable.

(7) Cash Flow Hedges – not applicable.

(8) Non-discounted premium cost for contracts – not applicable.

NOTES TO FINANCIAL STATEMENTS

(9) Disclosure of non-discounted premium and premium cost- not applicable

B. Derivatives under SSAP No. 108 – Derivative Hedging Variable Annuity Guarantees

(1) Discussion of hedged item/hedging instruments and hedging strategy – not applicable.

(2) Recognition of gains/losses and deferred assets and liabilities – not applicable.

(3) Hedging strategies identified as no longer highly effective – not applicable.

(4) Hedging strategies terminated – not applicable.

9. Income Taxes

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

	1		
	12/31/2024		
	(1)	(2)	(3)
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 53,018,347	\$ 9,249,142	\$ 62,267,489
(b) Statutory Valuation Allowance Adjustments	48,714,452	7,417,504	56,131,956
(c) Adjusted Gross Deferred Tax Assets (1a – 1b)	4,303,895	1,831,638	6,135,533
(d) Deferred Tax Assets Nonadmitted	—	635,540	635,540
(e) Subtotal Net Admitted Deferred Tax Asset (1c – 1d)	4,303,895	1,196,098	5,499,993
(f) Deferred Tax Liabilities	4,303,895	390,920	4,694,815
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)(1e – 1f)	\$ —	\$ 805,178	\$ 805,178
	12/31/2023		
	(4)	(5)	(6)
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 37,196,751	\$ 999,199	\$ 38,195,950
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a – 1b)	37,196,751	999,199	38,195,950
(d) Deferred Tax Assets Nonadmitted	—	999,199	999,199
(e) Subtotal Net Admitted Deferred Tax Asset (1c – 1d)	37,196,751	—	37,196,751
(f) Deferred Tax Liabilities	1,454,212	—	1,454,212
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)(1e – 1f)	\$ 35,742,539	\$ —	\$ 35,742,539
	Change		
	(7)	(8)	(9)
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 15,821,596	\$ 8,249,943	\$ 24,071,539
(b) Statutory Valuation Allowance Adjustments	48,714,452	7,417,504	56,131,956
(c) Adjusted Gross Deferred Tax Assets (1a – 1b)	(32,892,856)	832,439	(32,060,417)
(d) Deferred Tax Assets Nonadmitted	—	(363,659)	(363,659)
(e) Subtotal Net Admitted Deferred Tax Asset (1c – 1d)	(32,892,856)	1,196,098	(31,696,758)
(f) Deferred Tax Liabilities	2,849,683	390,920	3,240,603
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)(1e – 1f)	\$ (35,742,539)	\$ 805,178	\$ (34,937,361)

The realization of deferred tax assets (DTA) depends on the Company's historical earnings and the generation of future taxable income during the periods in which the temporary differences are deductible. Management may consider the scheduled reversal of deferred tax liabilities (including impact of available carryback and carryforward periods), projected taxable income, and tax planning strategies in making the assessment.

2.

	12/31/2024		
	(1)	(2)	(3)
	Ordinary	Capital	(Col 1+2) Total
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ —	\$ 805,178	\$ 805,178

NOTES TO FINANCIAL STATEMENTS

(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	—	—	—
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	—	—	—
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	—	—	103,972,061
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	4,303,895	390,920	4,694,815
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 4,303,895	\$ 1,196,098	\$ 5,499,993

	12/31/2023		
	(4)	(5)	(6)
	Ordinary	Capital	(Col 4+5) Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 37,196,751	\$ —	\$ 37,196,751
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	—	—	—
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	—	—	—
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	—	—	41,263,246
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	—	—	—
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 37,196,751	\$ —	\$ 37,196,751

	Change		
	(7)	(8)	(9)
	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ (37,196,751)	\$ 805,178	\$ (36,391,573)
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	—	—	—
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	—	—	—
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	—	—	62,708,815
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	4,303,895	390,920	4,694,815
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ (32,892,856)	\$ 1,196,098	\$ (31,696,758)

3

	2024	2023
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	497%	293%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above.	\$ 693,147,074	\$ 412,632,455

4.

	12/31/2024		12/31/2023	
	(1)	(2)	(3)	(4)
	Ordinary	Capital	Ordinary	Capital
(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.				
1. Adjusted Gross DTAs Amount From Note 9A1(c)	\$4,303,895	\$1,831,638	\$37,196,751	\$ 999,199
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	— %	44 %	— %	11 %

NOTES TO FINANCIAL STATEMENTS

3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	\$4,303,895	\$1,196,098	\$37,196,751	\$	—
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	— %	— %	— %	— %	— %

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes _____ No X _____

	Change	
	(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital
(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.		
1. Adjusted Gross DTAs Amount From Note 9A1(c)	\$(32,892,856)	\$ 832,439
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	— %	33 %
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	\$(32,892,856)	\$1,196,098
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	— %	— %

B. Regarding deferred tax liabilities that are not recognized:

All deferred tax liabilities have been properly recognized.

C. Current income taxes incurred consist of the following major components:

	(1) 12/31/2024	(2) 12/31/2023	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ (18,750,942)	\$ (6,019,185)	\$ (12,731,757)
(b) Foreign	—	—	—
(c) Subtotal (1a+1b)	(18,750,942)	(6,019,185)	(12,731,757)
(d) Federal income tax on net capital gains	66,161	(609,958)	676,119
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ (18,684,781)	\$ (6,629,143)	\$ (12,055,638)
	(1) 12/31/2024	(2) 12/31/2023	(3) (Col 1-2) Change
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 1,380,562	\$ 1,026,305	\$ 354,257
(2) Unearned premium reserve	—	1	(1)
(3) Policyholder reserves	—	—	—
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	—	—	—
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables – nonadmitted	6,625,504	4,520,499	2,105,005
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other	45,012,281	31,649,946	13,362,335
(99) Subtotal (sum of 2a1 through 2a13)	\$ 53,018,347	\$ 37,196,751	\$ 15,821,596
(b) Statutory valuation allowance adjustment	48,714,452	—	48,714,452
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	\$ 4,303,895	\$ 37,196,751	\$ (32,892,856)
(e) Capital:			
(1) Investments	9,249,142	999,199	8,249,943
(2) Net capital loss carry-forward	—	—	—

NOTES TO FINANCIAL STATEMENTS

(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ 9,249,142	\$ 999,199	\$ 8,249,943
(f) Statutory valuation allowance adjustment	7,417,504	—	7,417,504
(g) Nonadmitted	635,540	999,199	(363,659)
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)	\$ 1,196,098	\$ —	\$ 1,196,098
(i) Admitted deferred tax assets (2d + 2h)	\$ 5,499,993	\$ 37,196,751	\$ (31,696,758)
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ 670,935	\$ 1,006,750	\$ (335,815)
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	3,632,960	447,462	3,185,498
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 4,303,895	\$ 1,454,212	\$ 2,849,683
(b) Capital:			
(1) Investments	390,920	—	390,920
(2) Real estate	—	—	—
(3) Other	—	—	—
(99) Subtotal (3b1+3b2+3b3)	\$ 390,920	\$ —	\$ 390,920
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 4,694,815	\$ 1,454,212	\$ 3,240,603
4. Net deferred tax assets/liabilities (2i – 3c)	\$ 805,178	\$ 35,742,539	\$ (34,937,361)

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of non-admitted assets as the Change in Non-admitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement).

	(1)	(2)	(3)
	12/31/2024	12/31/2023	(Col 1-2) Change
Total deferred tax assets	\$ 62,267,489	\$ 38,195,950	\$ 24,071,539
Total deferred tax liabilities	4,694,815	1,454,212	3,240,603
Net deferred tax asset (liabilities)	57,572,674	36,741,738	20,830,936
Statutory valuation allowance adjustment (SVA)	56,131,956	—	56,131,956
Net deferred tax asset/ (liabilities) after SVA	\$ 1,440,718	\$ 36,741,738	\$ (35,301,020)
Tax effect of unrealized gains/(losses)			914,257
SVA adjustment allocated to unrealized			—
Other intraperiod allocation of deferred tax movement			—
Change in net deferred income tax [(charge)/benefit]			\$ (34,386,763)

D. Reconciliation of total statutory income taxes reported to tax at statutory rate:

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes including realized capital gains/losses. The significant items causing this difference are as follows:

	12/31/2024	Effective Tax Rate
Provision computed at statutory rate	\$ (38,324,986)	21.00%
Statutory Valuation Allowance	56,131,956	-30.76%
Change in non-admitted assets	(2,105,005)	1.16%
Provision to Filed	17	0.00%
Total	\$ 15,701,982	-8.60%
Federal income taxes incurred	\$ (18,684,781)	10.24%
Change in net deferred income taxes	34,386,763	-18.84%
Total statutory income taxes	\$ 15,701,982	-8.60%

E. Carryforwards, recoverable taxes, and Internal Revenue Service (IRS) Code Sec. 6603 deposits:

NOTES TO FINANCIAL STATEMENTS

- At December 31, 2024 and 2023, the Company has utilized all of its net operating or capital loss carry forwards.
- Income taxes, ordinary and capital, available for recoupment in the event of future net losses are as follows:

	Ordinary	Capital
2024 \$	— \$	66,161
2023	—	—
2022	N/A	739,015

- Deposits under IRS Code Section 6603 – Not applicable

F. Consolidated Federal Income Tax Returns

- The Company Federal Income Tax return is consolidated with Cigna, and the following subsidiaries of Cigna:

ABD Group, Inc.	Cigna Healthcare of Georgia Inc	Express Scripts Pharmacy, Inc.
Accredo Health Group, Inc.	Cigna Healthcare of Illinois Inc	Express Scripts Sales Operations, Inc.
Accredo Health, Inc.	Cigna Healthcare of Indiana Inc	Express Scripts Senior Care, Inc.
AHG of New York, Inc.	Cigna Healthcare of Massachusetts Inc	Express Scripts Services Company, Inc.
Allegiance Benefit Plan Management Inc	Cigna Healthcare of New Hampshire Inc	Express Scripts Specialty Distribution Services, Inc.
Allegiance Cobra Services Inc	Cigna Healthcare of New Jersey Inc	Express Scripts Strategic Development, Inc.
Allegiance Life & Health Insurance Co	Cigna Healthcare of North Carolina Inc	Express Scripts Utilization Management, Inc.
Allegiance Re Inc	Cigna Healthcare of Pennsylvania Inc	Express Scripts, Inc.
American Retirement Life Insurance Company	Cigna Healthcare of South Carolina	Former Cigna Investments Inc
Arizona Healthplan Inc	Cigna Healthcare of St Louis Inc	Freco, Inc.
Benefit Management Corp	Cigna Healthcare of Tennessee Inc	GreatWest Healthcare of Illinois Inc
BioPartners in Care, Inc.	Cigna Healthcare of Texas Inc	Healthbridge Reimbursement & Product Support, Inc.
Bravo Health Mid-Atlantic, Inc.	Cigna Holding Company	Healthbridge, Inc.
Bravo Health Pennsylvania, Inc.	Cigna Holdings Inc	Healthsource Benefits Inc
Breakthrough Behavioral of Texas, Inc.	Cigna Holdings Overseas Inc	Healthsource Inc
Breakthrough Behavioral, Inc.	Cigna Insurance Company	Healthsource Properties Inc
Brewer, P.C.	Cigna Integrated Care Inc	Healthspring Life & Health Insurance Company
Brighter, Inc.	Cigna Intellectual Property Inc	Healthspring of Florida, Inc.
Care Continuum, Inc.	Cigna International Corporation	Healthspring, Inc.
CareAllies, Inc.	Cigna International Finance Inc	IHN Inc.
CG Individual Tax Benefit Payments Inc	Cigna International Services Inc	Intermountain Underwriters Inc
CG Life Pension Benefit Payments Inc	Cigna Investment Group Inc	Kronos Optimal Health Company
CG LINA Pension Benefit Payments Inc	Cigna Investments Inc	Loyal American Life Insurance Company
Chiro Alliance Corporation	Cigna Linden Holdings Inc	Lynnfield Compounding Center, Inc.
Cigna Arbor Life Insurance Company	Cigna Managed Care Benefits Company	Lynnfield Drug, Inc.
Cigna Benefit Technology Solutions, Inc.	Cigna National Health Insurance Company	MAH Pharmacy, LLC
Cigna Benefits Financing, Inc.	Cigna Poplar Holdings Inc	Matrix Healthcare Services, Inc.
Cigna Dental Health Inc	Cigna RE Corporation	MCC Independent Practice Assoc of New York Inc
Cigna Dental Health of California Inc	Cigna Resource Manager Inc	MDL Medical Group TX, PLLC
Cigna Dental Health of Colorado Inc	Cigna Worldwide Insurance Company	MDLive Medical Group (DE), P.A.
Cigna Dental Health of Delaware Inc	Cigna-Evernorth Services, Inc.	MDLive Medical Group (IL), LLC
Cigna Dental Health of Florida Inc	Connecticut General Benefit Payments Inc.	MDLive Medical Group (NC), P.C.
Cigna Dental Health of Kansas Inc	Connecticut General Corporation	MDLive Medical Group (NJ), LLC
Cigna Dental Health of Kentucky Inc	Connecticut General Life Insurance Company	MDLive Medical Group (NM), LLC
Cigna Dental Health of Maryland Inc	Curascript, Inc.	MDLive Medical Group, P.A.
Cigna Dental Health of Missouri Inc	Diversified NY IPA, Inc.	MDLive, Inc.
Cigna Dental Health of New Jersey Inc	Diversified Pharmaceutical Services, Inc.	Medco Containment Insurance Company of New York
Cigna Dental Health of North Carolina Inc	ESI GP Holdings, Inc.	Medco Containment Life Insurance Company
Cigna Dental Health of Ohio Inc	ESI Mail Order Processing, Inc.	Medco Health Information Network Partners, Inc.
Cigna Dental Health of Pennsylvania Inc	ESI Mail Pharmacy Service, Inc.	Medco Health Puerto Rico, LLC

NOTES TO FINANCIAL STATEMENTS

Cigna Dental Health of Texas Inc	ESSCH Holdings, Inc.	Medco Health Services, Inc.
Cigna Dental Health of Virginia Inc	Evernorth Behavioral Care Group of California	Medco Health Solutions, Inc.
Cigna Dental Healthplan of Arizona Inc	Evernorth Behavioral Care Group of Florida	Medsolutions Holdings, Inc.
Cigna Direct Marketing Company Inc.	Evernorth Behavioral Care Group of New Jersey	MSI Health Organization of Texas
Cigna Federal Benefits Inc	Evernorth Behavioral Care Group of New York	Olympic Health Management Services Inc
Cigna Global Holdings Inc	Evernorth Behavioral Health of California, Inc.	Olympic Health Management Systems Inc
Cigna Global Insurance Company Limited	Evernorth Behavioral Health of Texas, Inc.	Patient Provider Alliance, Inc.
Cigna Global Reinsurance Company LTD	Evernorth Behavioral Health, Inc.	Priority Healthcare Corporation
Cigna Health and Life Insurance Company	Evernorth Care Solutions, Inc.	Priority Healthcare Distribution, Inc.
Cigna Health Corporation	Evernorth Federal Services, Inc.	Provident American Life and Health Insurance Company
Cigna Health Management Inc	Evernorth Health, Inc.	Sagamore Health Network Inc
Cigna Healthcare Benefits Inc	Evernorth Sales Operations, Inc.	Spectracare Health Care Ventures, Inc.
Cigna Healthcare Holdings Inc	Evernorth Strategic Development, Inc.	SpectraCare, Inc.
Cigna Healthcare Inc	Evernorth Wholesale Distribution, Inc.	Sterling Life Insurance Company
Cigna Healthcare Mid-Atlantic Inc	eviCore 1, LLC	Tel-Drug Inc
Cigna Healthcare of Arizona Inc	Express Reinsurance Company	Temple Ins Company Limited
Cigna Healthcare of California Inc	Express Scripts Administrators, LLC	TFB Medical Practice (NY), PLLC
Cigna Healthcare of Colorado Inc	Express Scripts Canada Holding Company	Thomas Fordham Brewer, MD, INC.
Cigna Healthcare of Connecticut Inc	Express Scripts Health Information Network Partners, Inc.	Verity Solutions Group, Inc.
Cigna Healthcare of Florida Inc	Express Scripts Pharmaceutical Procurement, LLC	

2. The Company is party to Cigna's Consolidated Federal Income Tax Sharing Agreement (the Tax Sharing Agreement). The Tax Sharing Agreement sets forth the method of allocation of Cigna's federal income taxes to its wholly-owned domestic subsidiaries, including the Company. The Tax Sharing Agreement provides for immediate reimbursement to companies with net operating losses to the extent that their losses are used to reduce consolidated taxable income; while those companies with current taxable income as calculated under federal separate return provisions, are liable for payments determined as if they had each filed a separate return. However, current credit is given for any foreign tax credit, operating loss or investment tax credit carryovers actually used in the current consolidated return.

G. Federal or Foreign Income Tax Loss Contingencies

1. The statute of limitations for Cigna's consolidated federal income tax returns through 2016 have closed. The statute of limitation for Cigna's 2020 tax return has also closed. However, Cigna filed amended returns for both the 2015 and 2016 tax years, which are under review by the IRS. Additionally, the IRS is currently examining Cigna's returns for 2017 through 2018. No material impacts are anticipated for the Company.
2. In management's opinion, the Company has adequate tax liabilities to address potential exposures involving tax positions the Company has taken that may be challenged by the IRS upon audit. These liabilities could be revised in the near term if estimates of the Company's ultimate liability change as a result of new developments or a change in circumstances. No material contingent tax liability is included in the Company's current federal income tax payable. The Company does not expect a significant increase in federal or foreign contingent tax liability within the next twelve months.
3. The Company is an applicable reporting entity with tax allocation agreement exclusion for Corporate Alternative Minimum Tax purposes.

H. Repatriation Transition Tax (RTT) – Not applicable**I. Alternative Minimum Tax (AMT) Credit – Not applicable****10. Information Concerning Parent, Subsidiaries and Affiliates****A. B. and C.**

In 2024, the Company paid no dividends. In 2023, the Company paid \$53,400,000 in ordinary dividends to NewQuest, LLC (the Parent). In 2024, the Company received a capital contribution from parent of \$450,000,000 on July 26, 2024. In 2023, the Company received a SSAP 72 capital contribution of \$97,000,000, which was received on February 22, 2024.

NOTES TO FINANCIAL STATEMENTS

The Company has entered into a line of credit agreement with Cigna under which the Company may lend up to \$100,000,000. The following table provides information about the loan as of December 31, 2024 and 2023.

	2024	2023
Outstanding receivable balance	\$ —	\$ —
Outstanding interest receivable	—	—
Interest income	—	194,472
Average yearly interest rate	0.000%	5.140 %

The Company has entered into a line of credit agreement with Cigna Holdings, Inc. under which the Company may borrow up to \$100,000,000. The following table provides information about the borrowing as of 2024 and 2023.

	2024	2023
Outstanding payable balance	\$ —	\$ 43,750,000
Outstanding interest payable	—	18,095
Interest expense	13,441	105,134
Average yearly interest rate	5.381%	5.241 %

During 2024, the Company sold assets with a market value of \$152 million to affiliate company, Cigna Health & Life Insurance Company.

- D. At 2024 and 2023, respectively, the Company reported \$169,457,811 and \$37,136,954 as the net amounts due to the parent, subsidiaries and affiliates. These amounts are settled periodically, usually monthly.
- E. Guarantees Resulting in a Material Contingent Exposure – not applicable.
- F. Management Services Agreement

Administrative Services Agreement - The Company has contracted for managerial, administrative, and financial support services through an administrative services contract with HealthSpring Management of America, LLC (HSMA). Under the same agreement, the Company contracted with HSMA to provide disease management services related to the implementation and operation of the Internal Disease Management Program. The Company paid approximately \$731,116,092 and \$837,507,359 in 2024 and 2023, respectively, in exchange for these services.

Investment Advisory Agreement - The Company has contracted with Cigna Investments, Inc. (CII) for investment advisory services. The Company and CII are indirect subsidiaries of Cigna Holdings, Inc., which is a direct wholly-owned subsidiary of Cigna. The Company paid \$1,768,684 and \$1,816,719 in 2024 and 2023, respectively, for these services.

State Tax Sharing Agreement - The Company is party to The Cigna Group's Consolidated State Tax Sharing Agreement (the State TSA). The State TSA sets forth the method of allocation of Cigna's state income taxes for state or local returns filed on a consolidated, combined or unitary basis to its wholly-owned domestic subsidiaries, including the Company.

Network Access Agreement - The Company is party to the Network Access Agreement, as amended, entered into among health plan subsidiaries of Cigna Corporation, Cigna Health and Life Insurance Company (CHLIC) and Connecticut General Life Insurance Company (CGLIC). The purpose of the agreement is to allow parties to access provider networks of CGLIC and other health plan affiliates that are also a party to the agreement. The Company's participation in the agreement was approved by the Department. As the Company is not currently utilizing the Network Access Agreement, there are no fees assessed related to this agreement.

Dental Network Access and Services Agreement - The Company is party to a Dental Network Access and Services Agreement with Cigna Dental Health (CDH), which arranges for the provision of covered dental services to Members/Participants through health care providers

NOTES TO FINANCIAL STATEMENTS

that are employed by or under contract with CDH and for payment and administration of those health care services.

Intercompany Services Agreement - The Company is party to the Intercompany Services Agreement by and among among CGLIC, CHLIC and CHC on behalf of its health plan subsidiaries, and Cigna Health Management, Inc. (CHM) for the provision of administrative services from CHM, including the Health Information Line service for which the Company pays a capitated fee per member per month for claims related to such service. This agreement was approved by and remains on file with the Department.

Medicare PBSA Agreement - The Company is party to a Pharmacy Benefit Services Agreement (the "Medicare PBSA") with Express Scripts, Inc. ("ESI"), which sets forth the terms and conditions under which ESI will provide PBM services to Company. The PBM services provided by ESI under the Medicare PBSA include, but are not limited to, manufacturer revenue services, formulary administration and development services, pharmacy network contracting and network administration services, including home delivery pharmacy and specialty pharmacy services, claims processing services, Cigna account management services, care management and clinical services, information technology products and services, training services, reports, and transition out services. The services performed under the Medicare PBSA relate solely to the Medicare and Medicaid health plans offered by the Company. ESI is an indirect subsidiary of Cigna.

Master Health System Agreement (Medicare Advantage) - The Company is party to a Master Health System Agreement ("the Master Services Agreement") with eviCore healthcare MSI, LLC ("eviCore"). Under the terms of the Master Services Agreement, eviCore provides medical benefits management to the Company and certain affiliates. Services include utilization review (including pre-certifications), medical necessity determinations and appeals, site of service review, proprietary claims editing and bundling, network access and other network solutions, member engagement, claims processing, claims payment, care coordination, case management, quality management, benefit determinations and other benefit services, complaints/grievances, the reporting of data on services rendered, and other ancillary services the parties may agree upon.

Mental Health Agreement - The Mental Health and Substance Abuse Agreement is by and between Evernorth Behavioral Health, Inc. (EBH) and CHC on behalf of their respective subsidiaries and affiliates. Effective July 1, 2022, Evernorth Care Solutions, Inc. (ECS) was added as a party to the agreement with the same rights and obligations as EBH. EBH and ECS are indirect subsidiaries of Cigna. This agreement arranges for the provision of mental health and substance use services to CHC, its subsidiaries or affiliates to the enrollees of the HMOs. There were no charges related to this agreement.

MDLive Provider Group Service Agreement (PGSA) for Medicare - The Company is party to the MDLive Group Service Agreement with MDLive, Inc. (MDL), which allows MDLive Represented Providers to provide Covered Services to Cigna under the terms of the agreement and administrative guidelines for Medicare.

Provider Health Service Agreement - Effective January 1, 2024, HealthSpring Life and Health Insurance Company ("HSLH") and various Cigna entities entered into a Provider Health Service Agreement with Strategic Aligned Physicians, P.A. The Agreement supports participation in the Medicare Advantage (MA) plan's provider network in certain geographic areas and a financial risk sharing arrangement related total cost of care for Cigna MA HMO plan members who are assigned to primary care physicians contracted with SAP under the respective geographic areas.

Master Provider Health Services Agreement with SAP - Effective November 1, 2024, the Company is party to the Master Provider Health Services Agreement between various Cigna entities and Strategic Aligned Physicians, P.A. (SAP), on behalf of itself and its Global Group Providers. The Agreement supports participation in the Medicare Advantage (MA) plan's provider network in certain geographic areas and a financial risk sharing arrangement related total cost of care for Cigna MA HMO plan members who are assigned to primary care physicians contracted with SAP under the respective geographic areas.

Medicare Novation Agreement - Effective January 1, 2025, the Company entered into a novation agreement with Connecticut General Life Insurance Company, Cigna Healthcare of St. Louis, Cigna Healthcare of South Carolina, and Cigna Healthcare of Georgia for change of ownership of Medicare to the Company.

NOTES TO FINANCIAL STATEMENTS

G. Ownership

All outstanding shares of the Company are owned by NewQuest, LLC, a limited liability company domiciled in the state of Texas, which is a wholly owned subsidiary of HealthSpring, Inc., a Delaware corporation, which is an indirect wholly-owned subsidiary of Cigna. The Cigna organizational structure is documented in Schedule Y.

H. Upstream Intermediate Entity – not applicable.

I. Investment in SCA Entity that Exceeds 10% of Admitted Assets – not applicable.

J. Investments in Impaired SCA's – not applicable.

K. Investments in Foreign Insurance Subsidiaries – not applicable.

L. Investment in a Downstream Non-Insurance Holding Company – not applicable.

M. Investment in SCA – not applicable.

N. Investment in Insurance – not applicable.

O. SCA Loss Tracking- not applicable.

11. Debt

A. Debt and Capital Notes

The Company had no capital notes outstanding at December 31, 2024 and 2023.

The Company had no external borrowed money outstanding at December 31, 2024 and 2023.

The Company has entered into a line of credit agreement with Cigna Holdings, Inc. under which the Company may borrow up to \$100,000,000. See Note 10. A. B. and C. above.

B. FHLB Agreements – not applicable.

12. Retirement Plans, Deferred Compensation, Post-Employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan – not applicable.

B. Investment Policies and Strategies for Plan Assets – not applicable.

C. Fair Value Measurement of Plan Assets – not applicable.

D. Rate of Return on Plan Assets – not applicable.

E. Defined Contribution Plan – not applicable.

F. Multi-Employer Plan – not applicable.

G. Consolidated/Holding Company Plans – not applicable.

H. Postemployment Benefits and Compensated Absences – not applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits – not applicable.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

1. The Company has 5,000,000 shares authorized, 2,500,000 shares issued and outstanding of \$1 par value Common Stock, owned entirely by NewQuest, LLC.

NOTES TO FINANCIAL STATEMENTS

2. The Company has no preferred stock outstanding.
3. The payment of dividends by the Company to the shareholder is limited and can only be made from earned profits unless prior approval is received from the Department. The maximum amount of dividends that may be paid by insurance companies without prior approval is also subject to restrictions relating to statutory surplus and net income. The maximum ordinary dividend distribution allowed by the Company is \$69,395,225 in 2025. The Company's dividends are noncumulative.
4. In 2024, the Company paid no dividends. In 2023, the Company paid \$53,400,000 in ordinary dividends to NewQuest, LLC (the Parent). In 2024, the Company received a capital contribution from parent of \$450,000,000 on July 26, 2024. For 2023, the Company received a capital contribution of \$97,000,000.
5. Within the limits of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
6. Restrictions on Unassigned Surplus – none.
7. For Mutual Companies, Advances to Surplus Not Repaid – not applicable.
8. Stock Held by the Company, Including Stock of Affiliated Companies – not applicable.
9. Special Surplus Funds – none.
10. Unassigned surplus was increased/(reduced) by the following:

	2024	2023
Unrealized gains and losses in surplus	\$ 3,439,344	\$ 666,358
Unrealized foreign exchange capital gain/loss	3	—
Change in deferred income tax	(34,386,763)	27,986,484
Change in nonadmitted assets	(9,660,174)	(8,264,422)
Dividends to stockholder	—	(53,400,000)
Capital contribution	450,000,000	97,000,000

11. Surplus Note - not applicable.
12. Quasi-Reorganization – not applicable.
13. Date of a Quasi –Reorganization – not applicable.
14. Liabilities, Contingencies and Assessments

A. Contingent Commitments - none.

B. Assessments

The Company operates in a regulatory environment that may require its participation in assessments under state insurance guaranty association laws. The Company's exposure to assessments for certain obligations of insolvent insurance companies to policyholders and claimants is based on its share of business written in the relevant jurisdictions.

There were no material charges or credits resulting from existing or new guaranty fund assessments for the year ended December 31, 2024.

C. Gain Contingencies – none.

D. Claims-Related Extra Contractual Obligations – none.

E. Joint and Several Liabilities – none.

F. All Other Liabilities:

NOTES TO FINANCIAL STATEMENTS

Litigation and Other Legal Matters:

The Cigna Group and its subsidiaries, including the Company, are routinely involved in numerous claims, lawsuits, regulatory inquiries and audits, government investigations, including under the federal False Claims Act and state false claims acts initiated by a government investigating body or by a qui tam relator's filing of a complaint under court seal, and other legal matters arising, for the most part, in the ordinary course of managing a health services business. Additionally, The Cigna Group has received and is cooperating with subpoenas or similar processes from various governmental agencies requesting information, all arising in the normal course of its business. Disputed tax matters arising from audits by the Internal Revenue Service or other state and foreign jurisdictions, including those resulting in litigation, are accounted for under the NAIC's accounting guidance for tax loss contingencies.

As of December 31, 2024, there were no pending litigation or legal and regulatory matters determined to have a reasonably possible material loss for the Company.

Civil Investigative Demand. The DOJ is conducting industry-wide investigations of Medicare Advantage organizations' risk adjustment practices. For certain Medicare Advantage organizations, including The Cigna Group, those investigations have resulted in litigation. As part of these investigations, The Cigna Group responded to information requests (civil investigative demands) from the U.S. Attorney's Office for the Eastern District of Pennsylvania regarding its risk adjustment submissions. On September 29, 2023, The Cigna Group settled the investigation for approximately \$135 million plus interest. In connection with this settlement and the settlement of the Medicare Advantage litigation discussed above, The Cigna Group also entered into a Corporate Integrity Agreement with the U.S. Department of Health and Human Services Office of the Inspector General, which contains certain auditing and governance requirements for a period of five years from the settlement date. The settlement had no financial impact to the Company.

Risk Adjustment Data Validation Audits. The Medicare Advantage (MA) business is subject to reviews, including Risk Adjustment Data Validation ("RADV") audits by CMS and the Office of the Inspector General ("OIG"). It is expected that CMS, OIG and other federal agencies will continue to closely scrutinize components of the Medicare program.

The U.S. Department of Justice is currently conducting an industry-wide investigation of risk adjustment data submission practices and business process, which in the case of certain other MA organizations has resulted in litigation.

The Company's Tennessee Medicare Advantage plan (H4454) was selected by CMS for a RADV Audit of the 2010 risk adjustment data used to determine 2011 premium rates. The audit was completed in 2014. Final results have been released by CMS and are currently under appeal review.

The Company's Texas Medicare Advantage plan (H4513) was selected by CMS for a RADV Audit of the 2011 risk adjustment data used to determine 2012 premium rates. The audit was completed in 2016, but final results have not been released by CMS.

The Company's Alabama Medicare Advantage plan (H0150) and Texas Medicare Advantage plan (H4513) were selected by CMS for a RADV Audit of the 2012 risk adjustment data used to determine 2013 premium rates. The audit was completed in 2017, but final results have not been released by CMS.

The Company's Alabama Medicare Advantage plan (H0150), Illinois Medicare Advantage plan (H1415), Tennessee Medicare Advantage plan (H4454) and Texas Medicare Advantage plans (H4513 and H4528) were selected by CMS for a RADV Audit of the 2013 risk adjustment data used to determine 2014 premium rates. The audit was completed in 2021, but final results have not been released by CMS.

The Company's Alabama Medicare Advantage plan (H0150), Illinois Medicare Advantage plan (H1415), Mississippi Medicare Advantage plan (H4407) Tennessee Medicare Advantage plan (H4454), and Texas Medicare Advantage plans (H4513 and H4528) were selected by CMS for a RADV Audit of the 2014 risk adjustment data used to determine 2015 premium rates. The audit was completed in 2021, but final results have not been released by CMS.

In addition, the Company is subject to OIG RADV audits. The Company's Tennessee Medicare Advantage plan (H4454) and Texas Medicare Advantage plan (H4513) were selected by OIG for an OIG RADV Audit related to contract years 2016 and 2017. The audit was completed in 2021. OIG results and repayment recommendations were released in

NOTES TO FINANCIAL STATEMENTS

December of 2022 for TN Medicare Advantage (H4454) and in March 2023 for TX Medicare Advantage (H4513), and the Company has responded with rebuttals. OIG repayment recommendations are subject to CMS determinations. Final determinations have not been communicated by CMS.

- G. Uncollectible Amounts – none.
15. Leases
- A. Lessee Operating Leases – none.
 - B. Lessor Leases – none.
16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
- 1. Financial Instruments with Off-Balance Sheet Risk – not applicable.
 - 2. Nature and Terms of Financial Instruments with Off-Balance Sheet Risk – not applicable.
 - 3. Amount of Loss – not applicable.
 - 4. Policy for Requiring Collateral – not applicable.
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
- A. Transfer of Receivables Reported as Sales – not applicable.
 - B. Transfer and Servicing of Financial Assets – not applicable.
 - C. Wash Sales – none.
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
- A. ASO Plans – not applicable.
 - B. ASC Plans – not applicable.
 - C. Medicare or Similarly Structured Cost Based Reimbursement Contracts – not applicable.
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – not applicable.
20. Fair Value Measurements

A. Fair Value Measurements

Fair value is defined as the price at which an asset could be exchanged in an orderly transaction between market participants at the balance sheet date. The Company's financial assets have been classified based upon a hierarchy defined by SAP. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a financial asset or liability carried at fair value would be classified in Level 3 if unobservable inputs were significant to the instrument's fair value, even though the measurement may be derived using inputs that are both observable (Levels 1 and 2) and unobservable (Level 3).

NOTES TO FINANCIAL STATEMENTS

- Level 1 Inputs for instruments classified in Level 1 include unadjusted quoted prices for identical assets in active markets accessible at the measurement date. Active markets provide pricing data for trades occurring at least weekly and include exchanges and dealer markets.
- Level 2 Inputs for instruments classified in Level 2 include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are market observable or can be corroborated by market data for the term of the instrument. Such other inputs include market interest rates and volatilities, spreads and yield curves. An instrument is classified in Level 2 if the Company determines that unobservable inputs are insignificant. Level 2 assets primarily include corporate bonds valued using recent trades of similar securities or pricing models that discount future cash flows at estimated market interest rates.
- Level 3 Certain inputs for instruments classified in Level 3 are unobservable (supported by little or no market activity) and significant to their resulting fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

SSAP 100 allows the use of net asset value (NAV) as a practical expedient to fair value for investments in investment companies where there is no readily determinable fair value. There were no such investments owned by the Company for either period presented.

1. Fair Value Measurements at Reporting Date

The Company carries certain financial instruments at fair value in the financial statements including bonds valued at the lower of cost or fair value when reported at fair value at the balance sheet date.

The following tables provide information about the Company's financial instruments carried at fair value as of 2024 and 2023.

Financial Assets at Fair Value	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
December 31, 2024					
Bonds	\$ —	\$ 9,929,035	\$ —	\$ —	\$ 9,929,035
Common stock	—	—	—	—	—
December 31, 2023					
Bonds	\$ —	\$ 85,076,010	\$ —	\$ —	\$ 85,076,010
Common stock	87,097	—	—	—	87,097

2. Fair Value Measurements in Level 3 of the Fair Value Hierarchy

The following tables summarize the changes in financial instruments classified in Level 3 for the years ended 2024 and 2023. Gains and losses reported in this table may include net changes in fair value that are attributable to both observable and unobservable inputs.

For the Year Ended December 31, 2024

Level 3 Financial Assets	Beginning balance January 1, 2024	Transfers into Level 3	Transfers out of Level 3	Total gains (losses) included in Net Income	Total losses included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance December 31, 2024
Bonds	\$ —	\$ 20,400,000	\$ —	\$ (20,400,000)	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —

For the year ended December 31, 2023

Level 3 Financial Assets	Beginning balance January 1, 2023	Transfers into Level 3	Transfers out of Level 3	Total losses included in Net Income (1)	Total losses included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance December 31, 2023
Bonds	\$ —	\$ 4,475,880	\$ —	\$ 94,397	\$ —	\$ —	\$ —	\$ —	\$ (4,570,277)	\$ —

NOTES TO FINANCIAL STATEMENTS**3. Level 3 Transfers**

Transfers into and out of Level 3 are reported as of the beginning of the quarter in which they occur. Transfers into or out of Level 3 occur when there is a change in the measurement basis in the period for lower-rated bonds valued at the lower of cost or fair value. Transfers into or out of Level 3 may also occur when observable inputs, such as the Company's best estimate of what a market participant would use to determine a current transaction price, become more or less significant to the fair value measurement.

4. Valuation Techniques and Inputs

The Company estimates fair values using prices from third parties or internal pricing methods. Fair value estimates received from third-party pricing services are based on reported trade activity and quoted market prices when available, and other market information that a market participant may use to estimate fair value. Such other inputs include market interest rates and volatilities, spreads, and yield curves. The internal pricing methods are performed by the Company's investment professionals and generally involve using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality, as well as other qualitative factors. In instances where there is little or no market activity for the same or similar instruments, the fair value is estimated using methods, models, and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price.

B. Other Fair Value Disclosures

The Company provides additional fair value information in Notes 1 and 5.

C. Aggregate Fair Value of All Financial Instruments

The following tables provide the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of December 31, 2024 and 2023.

Financial Assets	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
December 31, 2024							
Bonds	\$ 646,652,733	\$ 666,195,789	\$ 7,414,864	\$ 639,237,869	\$ —	\$ —	—
Other invested assets	3,097,971	3,129,021	—	3,097,971	—	—	—
Cash, cash equivalents, and short-terms	684,273,000	684,273,000	(57,314,841)	741,587,841	—	—	—
Total	\$1,334,023,704	\$1,353,597,810	\$ (49,899,977)	\$ 1,383,923,681	\$ —	\$ —	—
December 31, 2023							
Bonds	\$ 664,505,089	\$ 681,042,129	\$ 5,736,265	\$ 612,368,824	\$ 46,400,000	\$ —	—
Common stock	87,097	87,097	87,097	—	—	—	—
Commercial Mortgage Loans	70,152,635	78,920,021	—	—	70,152,635	—	—
Cash, cash equivalents, and short-terms	(22,806,630)	(22,806,630)	(22,806,630)	—	—	—	—
Total	\$ 711,938,191	\$ 737,242,617	\$ (16,983,268)	\$ 612,368,824	\$ 116,552,635	\$ —	—

The following valuation methodologies and significant assumptions are used by the Company to determine fair value for each instrument.

Bonds

The methods and significant assumptions used to estimate the fair value of bonds are described above in *Valuation Techniques and Inputs*.

Commercial mortgage loans

The Company estimates the fair value of commercial mortgage loans generally by discounting cash flows at estimated market interest rates that reflect the Company's assessment of the credit quality of the loans. Market interest rates are derived by calculating the appropriate spread over comparable U.S. Treasury rates, based on the

NOTES TO FINANCIAL STATEMENTS

property type, quality rating and average life of the loan. The quality ratings reflect the relative risk of the loan, considering debt service coverage, the loan-to-value ratio and other factors. Fair values of impaired mortgage loans are based on the estimated fair value of the underlying collateral generally determined using an internal discounted cash flow model.

Short-Term Investments, Cash Equivalents, and Cash

Cash and cash equivalents consist of cash and short-term investments that will mature in three months or less from the time of purchase and are carried at amortized cost, which approximates fair value. Investments with a maturity greater than three months but less than one year at the time of purchase are included in short-term investments and are carried at amortized cost. Short-term investments and cash equivalents are classified in Level 2, and cash is classified in Level 1.

D. Disclosures about Financial Instruments Not Practicable to Estimate Fair Value – None.

E. Investments Measured Using the NAV Practical Expedient – None

21. Other Items

A. Unusual or Infrequent Items – none.

B. Troubled Debt Restructuring: Debtors – none.

C. Other Disclosures - none

D. Business Interruption Insurance Recoveries – none.

E. State Transferable and Non-transferable Tax Credits – none.

F. Subprime-Mortgage-Related Risk Exposure

1. The Company did not hold any subprime mortgage loans in 2024 or 2023 and, therefore, is not subject to the related risk exposure pertaining to subprime mortgages.

2. Direct Exposure through Investments in Subprime Loans – not applicable.

3. Direct Exposure through Other Investments – not applicable.

4. Underwriting Exposure to Subprime Mortgage Risk – not applicable.

G. Retained Assets – none.

H. Insurance-Linked Securities (ILS) Contracts – none.

I. Amount That Could be Realized on Life Insurance Where Reporting Entity is Owner or Beneficiary or Has Otherwise Obtained Rights to Control the Policy – not applicable

22. Events Subsequent

Other than discussed below, the Company is not aware of any Type I or Type II event that occurred subsequent to the balance sheet date for these financial statements which would have had a material effect on the financial condition of the Company. In preparing these financial statements the Company has evaluated events that occurred between the balance sheet date and February 28, 2025.

Type II - Unrecognized Subsequent Events:

Assumed Multiple CMS Medicare Advantage Contracts

Effective January 1, 2025, the Company assumed, through contract novation, the Centers for Medicare & Medicaid Services Medicare Advantage contracts (“MA contract”) from Cigna

NOTES TO FINANCIAL STATEMENTS

HealthCare of Georgia, Inc. Cigna HealthCare of South Carolina, Inc., and Cigna Healthcare of St Louis Inc. and Cigna Health and Life Insurance Company. The MA contract novation resulted in the Company's full control of the contracts for dates of service before or after January 1, 2025. The Company received all required approvals from CMS and state regulatory departments.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1- General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee or director of the Company?

Yes () No (X)

(2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes () No (X)

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. None.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance – none.

C. Commutation of Ceded Reinsurance – none.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – none.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. Method Used to Estimate Accrued Retrospective Premium Adjustments – The Company estimates accrued retrospective premium adjustments for its Medicare business based on guidelines determined by CMS.

B. Where Accrued Retrospective Premium Adjustments are Recorded – The Company records accrued retrospective premium as an adjustment to net written premium.

NOTES TO FINANCIAL STATEMENTS

- C. Amount of Net Written Premiums Subject to Retrospective Rating Features – The amount of net written premiums at 2024 and 2023 that are subject to retrospective rating features or subject to redetermination were:

	December 31	
	2024	2023
CMS risk adjustment		
Premium impact	22,165,738	\$ 191,605,770
Percentage of total premiums	3.2%	3.9%
Risk corridor adjustment		
Premium impact	155,645,889	\$ (9,947,758)
Percentage of total premiums	0.5%	-0.2%

- D. Medical loss ratio rebates required pursuant to the Public Health Service Act

On January 1, 2014, the Company became subject to the minimum loss ratio rebate provisions of the Affordable Care Act (ACA). ACA requires payment of premium rebates to customers covered under the Company's comprehensive medical insurance if certain annual minimum medical loss ratios are not met. At the close of each quarter, the Company records its rebate accrual based on year-to-date estimated medical loss ratios calculated as prescribed by the interim final rule issued by the Department of Health & Human Services using year-to-date premium and claim information by state and market segment. Since this accrual reflects the amount of rebate that would be payable based on year-to-date estimated medical loss ratios, the amount of rebate will fluctuate as actual claim experience develops each calendar quarter.

The Company accrued no rebate as of 2024 or 2023.

- E. Risk Sharing Provisions of the Affordable Care Act – the Company does not write business subject to the Risk Sharing Provisions of the Affordable Care Act.

25. Change in Incurred Claims and Claim Adjustment Expenses

Activity in claims payable and liabilities for incurred but not reported claims and unpaid claims adjustment expense during the year ended 2024 and 2023 was as follows:

	2024	2023
Balance at end of prior year	\$ 308,611,285	\$ 212,935,273
Incurred related to:		
Current year	4,297,638,223	4,143,388,280
Prior years	(31,565,620)	(3,906,181)
Total incurred	<u>4,266,072,603</u>	<u>4,139,482,099</u>
Paid related to:		
Current year	3,938,144,034	3,854,498,581
Prior years	244,126,012	189,307,506
Total paid	<u>4,182,270,046</u>	<u>4,043,806,087</u>
Balance at end of current year	<u>\$ 392,413,842</u>	<u>\$ 308,611,285</u>

Amounts incurred related to prior years include changes in estimates of claims liabilities as the claims are ultimately settled. Negative amounts reported for incurred related to prior years (favorable development) result from the ultimate settlement of claims for amounts less than originally estimated. Positive amounts reported for incurred related to prior years (unfavorable development) result from the ultimate settlement of claims for amounts more than originally estimated. The prior year's favorable development in both 2024 and 2023 was primarily the result of lower frequency and severity of claims than originally estimated. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

Changes in unpaid claims adjustment expenses (CAE) and paid CAE of \$14,202,555 and \$63,310,057 for the years ended December 31, 2024 and 2023, respectively, are included in

NOTES TO FINANCIAL STATEMENTS

general and administrative expenses in the Statement of Revenues and Expenses but are included in incurred claims as shown above.

Risk-sharing expenses of \$8,141,570 and contra expenses of \$14,709,173 for the years ended December 31, 2024 and 2023, respectively, are included as hospital, medical, and pharmaceutical expenses in the Statement of Revenues and Expenses but are excluded from incurred claims shown above.

26. Intercompany Pooling Arrangements

A.-G. – none.

27. Structured Settlements – not applicable.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

The pharmacy rebates receivables are net of non-admitted receivables. The Company had non-admitted pharmacy rebates of \$12,229,535 and \$8,275,124 as of December 31, 2024 and 2023, respectively. The estimated pharmacy rebates are as follows:

Quarter ended	Estimated pharmacy rebates as reported in statutory basis financial statements	Pharmacy rebates as billed	Through December 31, 2024		
			Actual rebates received within 90 days of billing	Actual rebates received within 91 to 180 days of billing	Actual rebates received more than 180 days of billing
December 31, 2024	\$ 101,694,363	\$ 144,988,937	\$ 34,670,090	\$ —	\$ —
September 30, 2024	107,688,780	128,897,076	35,090,644	90,047,857	—
June 30, 2024	100,863,894	120,082,576	31,641,237	86,526,975	2,787,836
March 31, 2024	105,802,463	123,113,812	38,724,816	81,416,685	2,737,203
December 31, 2023	149,273,876	152,819,523	66,908,489	83,186,009	2,655,205
September 30, 2023	130,326,953	170,204,556	78,824,128	86,480,144	4,941,545
June 30, 2023	136,968,229	159,969,435	76,206,817	77,520,221	6,140,920
March 31, 2023	131,721,964	150,758,583	71,729,360	74,577,507	4,398,498
December 31, 2022	108,260,644	122,980,621	64,075,527	57,405,360	1,406,553
September 30, 2022	100,094,790	139,734,371	72,166,158	65,278,442	2,179,694
June 30, 2022	98,033,016	151,533,848	57,197,932	71,972,360	22,262,984
March 31, 2022	108,372,950	196,209,963	50,161,851	77,328,205	68,722,210

B. Risk Sharing Receivables

Calendar Year	Evaluation Period	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Collected in Year Invoiced	Actual Risk Sharing Receivable First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other
2024	2024	\$ —	\$ 18,937,689	\$ —	\$ 18,937,689	\$ —	\$ —	\$ —	\$ —
	2025	xxx	—	xxx	—	xxx	—	xxx	—
2023	2023	15,639,456	—	—	—	2,127,356	—	—	—
	2024	xxx	—	xxx	—	xxx	—	xxx	—
2022	2022	1,292	—	—	—	1,969,807	—	—	—
	2023	xxx	—	xxx	—	xxx	—	xxx	—

NOTES TO FINANCIAL STATEMENTS

Other Healthcare Receivables

Claims overpayment receivables	\$ 2,691,978
Capitation arrangement	—
Other healthcare receivables	<u>9,044,159</u>
	<u>\$ 11,736,137</u>

29. Participating Policies – none.

30. Premium Deficiency Reserves

Premium deficiencies occur when it is probable that expected claims expense (hospital, medical and pharmaceutical) and administrative expenses will exceed future premiums on existing insurance contracts. For purposes of estimating premium deficiency losses, contracts are grouped in a manner consistent with the Company's method of acquiring, servicing, and measuring the profitability of such contracts. The Company had liabilities related to premium deficiency reserves as shown below at December 31, 2024 and 2023.

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
1. Liability carried for premium deficiency reserves	\$ 214,344,197	\$ 150,714,030
2. Date of the most recent evaluation of this liability	December 31, 2024	December 31, 2023
3. Was anticipated investment income utilized in the calculation?	Yes	Yes

31. Anticipated Salvage and Subrogation – none.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes No
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes No N/A
- 1.3 State Regulating? Illinois
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes No
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 001739940
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2023
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2019
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 03/16/2021
- 3.4 By what department or departments?
Texas Department of Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes No
4.12 renewals? Yes No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes No
4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes No
- 6.2 If yes, give full information
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes No
- 7.2 If yes,
7.21 State the percentage of foreign control %
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [] No [X]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [] N/A [X]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
PricewaterhouseCoopers, LLC
150 3rd Ave. S, Suite 1400
Nashville, TN 37201
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain.
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Shyam Kolli, Appointed Actuary
Cigna Healthcare Reserving, 3424, Peachtree Road NE, Suite 1900, Atlanta, Georgia 30326
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company ...
- 12.12 Number of parcels involved 0
- 12.13 Total book/adjusted carrying value \$ 0
- 12.2 If yes, provide explanation
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
N/A
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
All employees of The Cigna Group and its subsidiaries, including senior managers, are subject to the same code of ethics. The code has been amended from time to time to enhance clarity and relevance. Cigna's Code is publicly available online at: <https://www.cigna.com/about-us/company-profile/corporate-governance/code-of-ethics> There is no separate code for senior managers.
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$0
 - 20.12 To stockholders not officers.....\$0
 - 20.13 Trustees, supreme or grand (Fraternal Only)\$0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$0
 - 20.22 To stockholders not officers.....\$0
 - 20.23 Trustees, supreme or grand (Fraternal Only)\$0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$
 - 21.22 Borrowed from others.....\$
 - 21.23 Leased from others\$
 - 21.24 Other\$
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$
 - 22.22 Amount paid as expenses\$
 - 22.23 Other amounts paid\$
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$0
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [X] No []

GENERAL INTERROGATORIES

- 25.02 If no, give full and complete information, relating thereto
.....
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
N/A
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]
- 25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 25.093 Total payable for securities lending reported on the liability page \$ 0

- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [X] No []
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$ 0
- 26.22 Subject to reverse repurchase agreements \$ 0
- 26.23 Subject to dollar repurchase agreements \$ 0
- 26.24 Subject to reverse dollar repurchase agreements \$ 0
- 26.25 Placed under option agreements \$ 0
- 26.26 Letter stock or securities restricted as to sale -
excluding FHLB Capital Stock \$ 0
- 26.27 FHLB Capital Stock \$ 0
- 26.28 On deposit with states \$ 8,536,648
- 26.29 On deposit with other regulatory bodies \$ 0
- 26.30 Pledged as collateral - excluding collateral pledged to
an FHLB \$ 0
- 26.31 Pledged as collateral to FHLB - including assets
backing funding agreements \$ 0
- 26.32 Other \$ 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No [X]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [] No []
- 27.42 Permitted accounting practice Yes [] No []
- 27.43 Other accounting guidance Yes [] No []
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []
- The reporting entity has obtained explicit approval from the domiciliary state.
 - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
 - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
 - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$
29. Excluding items in Schedule E, Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
JPMorgan Chase Bank, N.A.	4 Chase MetroTech Center Brooklyn, New York 11245

GENERAL INTERROGATORIES

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [] No []

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Cigna Investments, Inc. A	A.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [] No []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [] No []

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
105811	Cigna Investments, Inc.	Not available	Securities & Exchange Commission	DS.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No []

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	716,283,630	696,740,573	(19,543,057)
31.2 Preferred stocks	0		0
31.3 Totals	716,283,630	696,740,573	(19,543,057)

31.4 Describe the sources or methods utilized in determining the fair values:

Fair values are based on quoted market prices when available. When market prices are not available, fair value is generally estimated using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality. In instances where there is little or no market activity for the same or similar instruments, the Company estimates fair value using methods, models and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price. These valuation techniques involve some level of estimation and judgment by the Company which becomes significant with increasingly complex instruments or pricing models. Where appropriate, adjustments are included to reflect the risk inherent in a particular methodology, model or input used.

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
 - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [] No [X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [X] N/A []

GENERAL INTERROGATORIES

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [X]

38.2 If the response to 38.1 is yes, on what schedule are they reported?
.....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No [X]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
 39.21 Held directly Yes [] No []
 39.22 Immediately converted to U.S. dollars Yes [] No []

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

OTHER

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

41.1 Amount of payments for legal expenses, if any?\$0

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?\$0

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only. \$ _____

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ _____

1.31 Reason for excluding
N/A

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ _____

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \$ _____ 0

1.6 Individual policies: Most current three years:

1.61 Total premium earned \$ 0

1.62 Total incurred claims \$ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned \$ 0

1.65 Total incurred claims \$ 0

1.66 Number of covered lives 0

1.7 Group policies: Most current three years:

1.71 Total premium earned \$ 0

1.72 Total incurred claims \$ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned \$ 0

1.75 Total incurred claims \$ 0

1.76 Number of covered lives 0

2. Health Test:

		1	2	
		Current Year	Prior Year	
2.1	Premium Numerator	4,892,210,437	4,870,966,532	
2.2	Premium Denominator	4,892,210,437	4,870,966,532	
2.3	Premium Ratio (2.1/2.2)	1.000	1.000	
2.4	Reserve Numerator	636,027,266	498,720,716	
2.5	Reserve Denominator	636,027,266	498,720,716	
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000	

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]

3.2 If yes, give particulars:
.....

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No []

5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No [X]

5.2 If no, explain:
Management has elected not to purchase stop-loss reinsurance based on historical trends

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ 0

5.32 Medical Only \$ 0

5.33 Medicare Supplement \$ 0

5.34 Dental & Vision \$ 0

5.35 Other Limited Benefit Plan \$ 0

5.36 Other \$ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Contracts have hold harmless language

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?..... Yes [X] No []

7.2 If no, give details
.....

8. Provide the following information regarding participating providers: 8.1 Number of providers at start of reporting year 132,147

8.2 Number of providers at end of reporting year 821,290

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]

9.2 If yes, direct premium earned: 9.21 Business with rate guarantees between 15-36 months.. \$.....

9.22 Business with rate guarantees over 36 months \$.....

GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No []
- 10.2 If yes:
- | | | |
|--|----|------------|
| 10.21 Maximum amount payable bonuses..... | \$ | 29,003,171 |
| 10.22 Amount actually paid for year bonuses..... | \$ | 14,693,665 |
| 10.23 Maximum amount payable withholds..... | \$ | |
| 10.24 Amount actually paid for year withholds..... | \$ | |
- 11.1 Is the reporting entity organized as:
- | | | |
|---|----------------------------------|--|
| 11.12 A Medical Group/Staff Model, | Yes [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] |
| 11.13 An Individual Practice Association (IPA), or, | Yes [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] |
| 11.14 A Mixed Model (combination of above)? | Yes [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Illinois
- 11.4 If yes, show the amount required. \$ 1,500,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No []
- 11.6 If the amount is calculated, show the calculation
.....

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Autauga, Alabama
Baldwin, Alabama
Bibb, Alabama
Blount, Alabama
Cherokee, Alabama
Chilton, Alabama
Colbert, Alabama
Coosa, Alabama
Cullman, Alabama
Dallas, Alabama
Dekalb, Alabama
Elmore, Alabama
Etowah, Alabama
Jackson, Alabama
Jefferson, Alabama
Lauderdale, Alabama
Lawrence, Alabama
Limestone, Alabama
Lowndes, Alabama
Madison, Alabama
Marshall, Alabama
Mobile, Alabama
Montgomery, Alabama
Morgan, Alabama
Perry, Alabama
Saint Clair, Alabama
Shelby, Alabama
Talladega, Alabama
Tuscaloosa, Alabama
Walker, Alabama
Arkansas, Arkansas
Benton, Arkansas
Calhoun, Arkansas
Carroll, Arkansas
Clark, Arkansas
Clay, Arkansas
Cleburne, Arkansas
Conway, Arkansas
Craighead, Arkansas
Crawford, Arkansas
Crittenden, Arkansas
Cross, Arkansas
Faulkner, Arkansas
Franklin, Arkansas
Garland, Arkansas
Grant, Arkansas
Greene, Arkansas
Hot Spring, Arkansas
Independence, Arkansas
Jackson, Arkansas
Johnson, Arkansas
Lawrence, Arkansas
Lee, Arkansas
Logan, Arkansas
Lonoke, Arkansas
Madison, Arkansas
Mississippi, Arkansas
Montgomery, Arkansas
Newton, Arkansas
Perry, Arkansas
Poinsett, Arkansas

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HealthSpring Life & Health Insurance Company, Inc.

1 Name of Service Area
Pope, Arkansas
Prairie, Arkansas
Pulaski, Arkansas
Randolph, Arkansas
Saint Francis, Arkansas
Saline, Arkansas
Scott, Arkansas
Sebastian, Arkansas
Stone, Arkansas
Van Buren, Arkansas
Washington, Arkansas
White, Arkansas
Woodruff, Arkansas
Yell, Arkansas
Catoosa, Georgia
Dade, Georgia
Walker, Georgia
Cook, Illinois
Dekalb, Illinois
Dupage, Illinois
Kane, Illinois
Kankakee, Illinois
Lake, Illinois
Mchenry, Illinois
Will, Illinois
Covington, Mississippi
Desoto, Mississippi
Forrest, Mississippi
George, Mississippi
Greene, Mississippi
Hancock, Mississippi
Harrison, Mississippi
Hinds, Mississippi
Jackson, Mississippi
Jefferson Davis, Mississippi
Jones, Mississippi
Lamar, Mississippi
Lawrence, Mississippi
Madison, Mississippi
Marion, Mississippi
Marshall, Mississippi
Pearl River, Mississippi
Perry, Mississippi
Rankin, Mississippi
Stone, Mississippi
Tate, Mississippi
Tunica, Mississippi
Walthall, Mississippi
Wayne, Mississippi
Canadian, Oklahoma
Cleveland, Oklahoma
Lincoln, Oklahoma
Logan, Oklahoma
Mcclain, Oklahoma
Oklahoma, Oklahoma
Anderson, Tennessee
Bedford, Tennessee
Benton, Tennessee
Bledsoe, Tennessee
Blount, Tennessee
Bradley, Tennessee
Campbell, Tennessee
Cannon, Tennessee
Carroll, Tennessee
Carter, Tennessee
Cheatham, Tennessee
Chester, Tennessee
Claiborne, Tennessee
Clay, Tennessee
Cocke, Tennessee
Coffee, Tennessee
Crockett, Tennessee
Cumberland, Tennessee
Davidson, Tennessee
Decatur, Tennessee
Dekalb, Tennessee
Dickson, Tennessee
Fayette, Tennessee
Fentress, Tennessee
Franklin, Tennessee
Gibson, Tennessee
Giles, Tennessee
Grainger, Tennessee
Greene, Tennessee
Grundy, Tennessee
Hamblen, Tennessee
Hamilton, Tennessee

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HealthSpring Life & Health Insurance Company, Inc.

1 Name of Service Area
Hancock, Tennessee
Hardeman, Tennessee
Hardin, Tennessee
Hawkins, Tennessee
Haywood, Tennessee
Henderson, Tennessee
Henry, Tennessee
Hickman, Tennessee
Houston, Tennessee
Humphreys, Tennessee
Jackson, Tennessee
Jefferson, Tennessee
Johnson, Tennessee
Knox, Tennessee
Lake, Tennessee
Lauderdale, Tennessee
Lawrence, Tennessee
Lewis, Tennessee
Lincoln, Tennessee
Loudon, Tennessee
McNairy, Tennessee
Macon, Tennessee
Madison, Tennessee
Marion, Tennessee
Marshall, Tennessee
Maury, Tennessee
Meigs, Tennessee
Monroe, Tennessee
Montgomery, Tennessee
Moore, Tennessee
Morgan, Tennessee
Obion, Tennessee
Overton, Tennessee
Perry, Tennessee
Pickett, Tennessee
Polk, Tennessee
Putnam, Tennessee
Rhea, Tennessee
Robertson, Tennessee
Rutherford, Tennessee
Scott, Tennessee
Sequatchie, Tennessee
Sevier, Tennessee
Shelby, Tennessee
Smith, Tennessee
Stewart, Tennessee
Sullivan, Tennessee
Sumner, Tennessee
Tipton, Tennessee
Trousdale, Tennessee
Unicoi, Tennessee
Union, Tennessee
Van Buren, Tennessee
Warren, Tennessee
Washington, Tennessee
Wayne, Tennessee
Weakley, Tennessee
White, Tennessee
Williamson, Tennessee
Wilson, Tennessee
Angelina, Texas
Aransas, Texas
Atascosa, Texas
Bandera, Texas
Bexar, Texas
Brazoria, Texas
Cameron, Texas
Chambers, Texas
Collin, Texas
Comal, Texas
Dallas, Texas
Denton, Texas
El Paso, Texas
Fort Bend, Texas
Galveston, Texas
Gregg, Texas
Guadalupe, Texas
Hardin, Texas
Harris, Texas
Harrison, Texas
Henderson, Texas
Hidalgo, Texas
Hood, Texas
Jasper, Texas
Jefferson, Texas
Johnson, Texas
Kendall, Texas

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HealthSpring Life & Health Insurance Company, Inc.

1 Name of Service Area
Liberty, Texas
Medina, Texas
Montgomery, Texas
Nacogdoches, Texas
Newton, Texas
Nueces, Texas
Orange, Texas
Parker, Texas
Polk, Texas
Rusk, Texas
San Jacinto, Texas
San Patricio, Texas
Smith, Texas
Tarrant, Texas
Tyler, Texas
Upshur, Texas
Van Zandt, Texas
Walker, Texas
Waller, Texas
Webb, Texas
Willacy, Texas
Wilson, Texas
Wise, Texas
.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. \$
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 15.1 Direct Premium Written \$0
- 15.2 Total Incurred Claims \$0
- 15.3 Number of Covered Lives 0

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	1,629,857,245	1,175,888,497	981,834,495	1,167,801,362	1,201,702,035
2. Total liabilities (Page 3, Line 24)	935,904,993	727,513,503	447,727,892	705,554,835	640,732,117
3. Statutory minimum capital and surplus requirement	1,500,000	1,700,000	1,700,000	1,700,000	1,700,000
4. Total capital and surplus (Page 3, Line 33)	693,952,252	448,374,994	534,106,603	462,246,527	560,969,918
Income Statement (Page 4)					
5. Total revenues (Line 8)	4,892,210,437	4,870,958,097	4,117,905,030	5,201,620,038	5,108,925,368
6. Total medical and hospital expenses (Line 18)	4,260,334,040	4,061,140,441	3,305,634,095	4,471,717,145	4,205,249,273
7. Claims adjustment expenses (Line 20)	257,255,449	425,926,116	285,813,830	407,201,731	408,796,665
8. Total administrative expenses (Line 21)	509,070,121	440,263,561	318,808,025	350,478,712	410,323,851
9. Net underwriting gain (loss) (Line 24)	(198,079,340)	(204,530,400)	205,093,429	(9,269,234)	89,158,993
10. Net investment gain (loss) (Line 27)	16,944,804	49,786,405	37,810,138	34,608,743	34,761,323
11. Total other income (Lines 28 plus 29)	(1,431,558)	(995,219)	(938,174)	(1,835,608)	(1,121,513)
12. Net income or (loss) (Line 32)	(163,815,152)	(149,720,029)	191,709,001	22,600,950	79,418,500
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	91,406,665	34,694,112	(22,802,303)	(22,736,704)	340,362,090
Risk-Based Capital Analysis					
14. Total adjusted capital	693,952,252	448,374,994	534,106,603	462,246,527	560,969,918
15. Authorized control level risk-based capital	139,384,541	141,027,836	124,101,428	170,677,806	140,586,231
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	304,506	317,171	254,549	328,017	332,230
17. Total members months (Column 6, Line 7)	3,702,503	3,691,284	3,138,263	3,997,323	3,967,287
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	87.1	83.4	81.5	86.0	82.4
20. Cost containment expenses	5.1	8.4	6.7	7.4	7.6
21. Other claims adjustment expenses	0.1	0.3	0.3	0.4	0.4
22. Total underwriting deductions (Line 23)	104.0	104.2	96.4	100.2	98.4
23. Total underwriting gain (loss) (Line 24)	(4.0)	(4.2)	5.1	(0.2)	1.7
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	107,501,127	39,101,593	232,421,847	338,918,789	195,857,859
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	114,503,683	65,731,013	324,272,449	344,251,213	214,877,608
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)				0	
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)				0	
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)				0	
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)			0	0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []
 If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	L	522,003,612	0	0	0	0	0	522,003,612	0
2. Alaska	AK	L	0	0	0	0	0	0	0	0
3. Arizona	AZ	L	0	0	0	0	0	0	0	0
4. Arkansas	AR	L	51,107,077	0	0	0	0	51,107,077	0	0
5. California	CA	N	0	0	0	0	0	0	0	0
6. Colorado	CO	L	133,723	0	0	0	0	133,723	0	0
7. Connecticut	CT	L	1,373,698	0	0	0	0	1,373,698	0	0
8. Delaware	DE	L	0	0	0	0	0	0	0	0
9. District of Columbia	DC	L	0	0	0	0	0	0	0	0
10. Florida	FL	L	8,837,861	0	0	0	0	8,837,861	0	0
11. Georgia	GA	L	36,818,706	0	0	0	0	36,818,706	0	0
12. Hawaii	HI	L	0	0	0	0	0	0	0	0
13. Idaho	ID	L	0	0	0	0	0	0	0	0
14. Illinois	IL	L	166,473,821	0	0	0	0	166,473,821	0	0
15. Indiana	IN	L	0	0	0	0	0	0	0	0
16. Iowa	IA	L	0	0	0	0	0	0	0	0
17. Kansas	KS	L	0	0	0	0	0	0	0	0
18. Kentucky	KY	L	0	0	0	0	0	0	0	0
19. Louisiana	LA	L	0	0	0	0	0	0	0	0
20. Maine	ME	L	3,452,479	0	0	0	0	3,452,479	0	0
21. Maryland	MD	L	69,219,777	0	0	0	0	69,219,777	0	0
22. Massachusetts	MA	L	0	0	0	0	0	0	0	0
23. Michigan	MI	L	0	0	0	0	0	0	0	0
24. Minnesota	MN	L	0	0	0	0	0	0	0	0
25. Mississippi	MS	L	177,553,413	0	0	0	0	177,553,413	0	0
26. Missouri	MO	L	1,300,758	0	0	0	0	1,300,758	0	0
27. Montana	MT	L	0	0	0	0	0	0	0	0
28. Nebraska	NE	L	0	0	0	0	0	0	0	0
29. Nevada	NV	L	0	0	0	0	0	0	0	0
30. New Hampshire	NH	L	0	0	0	0	0	0	0	0
31. New Jersey	NJ	L	3,367,383	0	0	0	0	3,367,383	0	0
32. New Mexico	NM	L	0	0	0	0	0	0	0	0
33. New York	NY	L	7,731,608	0	0	0	0	7,731,608	0	0
34. North Carolina	NC	L	19,912,539	0	0	0	0	19,912,539	0	0
35. North Dakota	ND	L	0	0	0	0	0	0	0	0
36. Ohio	OH	L	0	0	0	0	0	0	0	0
37. Oklahoma	OK	L	0	0	0	0	0	0	0	0
38. Oregon	OR	L	0	0	0	0	0	0	0	0
39. Pennsylvania	PA	L	5,336,755	0	0	0	0	5,336,755	0	0
40. Rhode Island	RI	L	0	0	0	0	0	0	0	0
41. South Carolina	SC	L	0	0	0	0	0	0	0	0
42. South Dakota	SD	L	0	0	0	0	0	0	0	0
43. Tennessee	TN	L	1,103,166,816	0	0	0	0	1,103,166,816	0	0
44. Texas	TX	L	2,639,946,915	(600,653)	0	0	0	2,639,346,262	0	0
45. Utah	UT	L	0	0	0	0	0	0	0	0
46. Vermont	VT	L	41,417,594	0	0	0	0	41,417,594	0	0
47. Virginia	VA	L	43,216,773	0	0	0	0	43,216,773	0	0
48. Washington	WA	L	0	0	0	0	0	0	0	0
49. West Virginia	WV	L	0	0	0	0	0	0	0	0
50. Wisconsin	WI	L	243,132	0	0	0	0	243,132	0	0
51. Wyoming	WY	L	0	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0	0
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	4,902,614,440	(600,653)	0	0	0	4,902,013,787	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	0
61. Totals (Direct Business)	XXX	0	4,902,614,440	(600,653)	0	0	0	4,902,013,787	0	0
DETAILS OF WRITE-INS										
58001.	XXX	0	0	0	0	0	0	0	0	0
58002.	XXX	0	0	0	0	0	0	0	0	0
58003.	XXX	0	0	0	0	0	0	0	0	0
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 50
- 2. R - Registered - Non-domiciled RRGs..... 0
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0
- 4. Q - Qualified - Qualified or accredited reinsurer..... 0
- 5. N - None of the above - Not allowed to write business in the state..... 7

(b) Explanation of basis of allocation by states, premiums by state, etc.

Medicare Advantage premiums are based upon premiums received from the Centers for Medicare and Medicaid Services (CMS) for each state by health plan and primary benefit plan (PBP) number; medicare EGWP premiums are allocated by state using membership data. Medicaid premiums are applied to the appropriate state based on the source of the revenue. TX Medicaid premiums are sourced from the TX Comptroller and deposited into a TX Medicaid specific bank account.

SCHEDULE Y PART 1 - ORGANIZATION CHART

The Cigna Group
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2024:

Entity Name	EIN	State	NAIC CODE
The Cigna Group (A Delaware corporation and ultimate parent company)	82-4991898	DE	
Cigna Holding Company	06-1059331	DE	
Cigna Holdings, Inc.	06-1072796	DE	
Cigna Intellectual Property, Inc.	51-0402128	DE	
Cigna Investment Group, Inc.	06-1095823	DE	
Cigna International Finance, Inc.	52-0291385	DE	
Former Cigna Investments, Inc.	23-1914061	DE	
Cigna Investments, Inc.	06-0861092	DE	
Cigna Benefits Financing, Inc.	01-0947889	DE	
CareAllies, Inc.	26-0180898	DE	
CareAllies Accountable Care Collaborative LLC	85-0954556	DE	
CareAllies Accountable Care Solutions LLC	00-0000000	DE	
Connecticut General Corporation	06-0840391	CT	
Benefit Management Corp.	81-0585518	MT	
Allegiance Life & Health Insurance Company	20-4433475	MT	12814
Allegiance Re, Inc.	20-3851464	MT	
Allegiance Benefit Plan Management, Inc.	81-0400550	MT	
Allegiance COBRA Services, Inc.	71-0916514	MT	
Allegiance Provider Direct, LLC	26-2201582	MT	
Community Health Network, LLC	84-1461840	MT	
Intermountain Underwriters, Inc.	81-0425785	MT	
Allegiance Care Management, LLC	03-0507057	MT	
HealthSpring, Inc.	20-1821898	DE	
NewQuest, LLC	76-0628370	TX	
NewQuest Management Northeast, LLC	52-1929677	DE	
Bravo Health Mid-Atlantic, Inc.	52-2259087	MD	10095
Bravo Health Pennsylvania, Inc.	52-2363406	PA	11524
HealthSpring Life & Health Insurance Company, Inc.	20-8534298	TX	12902
HealthSpring of Florida, Inc.	65-1129599	FL	11532
NewQuest Management of Illinois, LLC	77-0623665	IL	
NewQuest Management of Florida, LLC	20-4954206	FL	
HealthSpring Management of America, LLC	20-8647386	DE	
TexQuest, LLC	75-3108527	DE	
HouQuest, LLC	75-3108521	DE	
GulfQuest, LP	76-0657035	TX	
NewQuest Management of Alabama, LLC	33-1033586	AL	
HealthSpring USA, LLC	72-1559530	TN	
Tennessee Quest, LLC	20-5524622	TN	
Home Physicians Management, LLC	20-4266628	DE	
Alegis Care Services, LLC	35-2562415	DE	
Alegis Care Services of Colorado, LLC	85-0909305	CO	
Cigna Arbor Life Insurance Company	03-0452349	CT	13733
Evermorth Behavioral Health, Inc.	41-1648670	MN	
Evermorth Behavioral Health of California, Inc.	94-3107309	CA	
Evermorth Behavioral Health of Texas, Inc.	75-2751090	TX	
MCC Independent Practice Association of New York, Inc.	06-1346406	NY	
Cigna Dental Health, Inc.	59-2308055	FL	
Cigna Dental Health Plan of Arizona, Inc.	86-0807222	AZ	47013
Cigna Dental Health of California, Inc.	59-2600475	CA	
Cigna Dental Health of Colorado, Inc.	59-2675861	CO	11175
Cigna Dental Health of Delaware, Inc.	59-2676987	DE	95380
Cigna Dental Health of Florida, Inc.	59-1611217	FL	52021
Cigna Dental Health of Kansas, Inc.	59-2625350	KS	52024
Cigna Dental Health of Kentucky, Inc.	59-2619589	KY	52108
Cigna Dental Health of Maryland, Inc.	20-2844020	MD	48119
Cigna Dental Health of Missouri, Inc.	06-1582068	MO	11160
Cigna Dental Health of New Jersey, Inc.	59-2308062	NJ	11167
Cigna Dental Health of North Carolina, Inc.	56-1803464	NC	95179
Cigna Dental Health of Ohio, Inc.	59-2579774	OH	47805
Cigna Dental Health of Pennsylvania, Inc.	52-1220578	PA	47041
Cigna Dental Health of Texas, Inc.	59-2676977	TX	95037
Cigna Dental Health of Virginia, Inc.	52-2188914	VA	52617
Cigna Health Corporation	62-1312478	DE	
Healthsource, Inc.	02-0387748	DE	
Cigna HealthCare of Arizona, Inc.	86-0334392	AZ	95125
Evermorth Care Group, LLC	99-1584892	DE	
Cigna HealthCare of California, Inc.	95-3310115	CA	
Cigna HealthCare of Colorado, Inc.	84-1004500	CO	95604
Cigna HealthCare of Connecticut, Inc.	06-1141174	CT	95660
Cigna HealthCare of Florida, Inc.	59-2089259	FL	95136
Cigna HealthCare of Georgia, Inc.	58-1641057	GA	96229
Cigna HealthCare of Illinois, Inc.	36-3385638	IL	95602
Cigna HealthCare of Indiana, Inc.	35-1679172	IN	95525
Cigna HealthCare of New Hampshire, Inc.	02-0387749	NH	95493
Cigna HealthCare of New Jersey, Inc.	22-2720890	NJ	95500
Cigna HealthCare of North Carolina, Inc.	56-1479515	NC	95132
Cigna HealthCare of St. Louis, Inc.	36-3359925	MO	95635
Cigna HealthCare of South Carolina, Inc.	06-1185590	SC	95708
Cigna HealthCare of Tennessee, Inc.	62-1218053	TN	95606
Cigna HealthCare of Texas, Inc.	74-2767437	TX	95363
Temple Insurance Company Limited	00-0000000	BM	
Arizona Health Plan, Inc.	86-3581583	AZ	
Healthsource Properties, Inc.	02-0467679	NH	
Sagamore Health Network, Inc.	35-1641636	IN	
Cigna Healthcare Holdings, Inc.	84-0985843	CO	
Cigna Healthcare, Inc.	02-0495422	VT	
Connecticut General Life Insurance Company	06-0303370	CT	62308
Evermorth Direct Health, LLC	32-0222252	DE	
Gillette Ridge Community Council, Inc.	00-0000000	CT	
Gillette Ridge Golf, LLC	20-3700105	DE	
Tel-Drug of Pennsylvania, LLC	23-3074013	PA	
GRG Acquisitions LLC	00-0000000	DE	
Cigna Affiliates Realty Investment Group, LLC	27-5402196	DE	
Secon Properties, LP	95-2876207	CA	
Transwestern Federal Holdings, L.L.C.	00-0000000	DE	
Transwestern Federal, L.L.C.	00-0000000	DE	
CR Washington Street Investors LP	27-3555688	DE	
PUR Arbors Apartments Venture LLC	45-5046449	DE	
CG Seventh Street, LLC	45-5499889	DE	
Ideal Properties II LLC	95-4838551	CA	
Mallory Square Partners I, LLC	80-0908244	DE	
Houston Briar Forest Apartments Limited Partnership	37-1708015	DE	
SB-SNH LLC	46-3593103	DE	
690 Investors LLC	00-0000000	CA	
690 New Hampshire LLC	00-0000000	CA	
Lakehills CM-CG LLC	47-4375626	DE	
Berewick Apartments LLC	81-2650133	DE	
CIG-LEI Ygnacio Associates LLC	81-3389374	DE	
CGGL Orange Collection LLC	61-1797835	DE	
CGGL City Parkway LLC	81-3313562	DE	
Heights at Bear Creek Venture LLC	81-4139432	DE	
SOMA Apartments Venture LLC	82-1732483	DE	
Arbor Heights Venture LLC	82-3315524	DE	
CG/Wood ALTA 601, LLC	82-1280312	DE	
CPI-CII 9171 Wilshire JV LLC	82-4936006	DE	
9171 Wilshire CPI-CII LLC	82-4794800	DE	
CARING Alta Leander Investor LLC	85-2966766	DE	
CG/Wood Alta Leander Station, LLC	85-2233381	DE	
CARING Capitol Hill GP LLC	32-0570889	DE	
CARING Capitol Hill LP LLC	37-1903297	DE	
Rise-CG Capitol Hill, LP	83-1460134	DE	
CARING 3130 Investor LLC	84-1960231	DE	
CARING 9171 Wilshire Investor LLC	83-2318410	DE	
CARING Heights at Bear Creek Investor LLC	83-2318233	DE	
Heights at Bear Creek Borrower I LLC	81-4139432	DE	
Heights at Bear Creek Mezzanine LLC	81-4139432	DE	
CARING 500 Ygnacio Investor LLC	83-2562994	DE	
CARING Alta Englewood Investor LLC	83-2851501	DE	
CARING Alta Woodson Investor LLC	83-2563284	DE	
CARING Mallory Square Investor LLC	83-2398522	DE	
CARING Soma Investor LLC	83-2563138	DE	
CARING Century Plaza Investor LLC	83-2851364	DE	
CG-Muller 550 Winchester, LLC	83-2993316	DE	
CARING Hillcrest Investor LLC	83-1400482	DE	
CI-GS Hillcrest LLC	82-1612980	DE	
CARING Alexan Enclave Investor LLC	83-2633790	DE	
CARING Orange Collection Investor LLC	83-2633886	DE	

SCHEDULE Y PART 1 - ORGANIZATION CHART

The Cigna Group
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The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2024:

Entity Name	EIN	State	NAIC CODE
CGGL Orange Collection Mezz LLC	00-0000000	DE	
CARING South Coast Subsidiary LLC	83-8294933	DE	
CARING 18th & Salmon Investor LLC	83-1400596	DE	
CI-GS Portland, LLC	82-4774243	DE	
CARING Firestone Investor LLC	83-3701937	DE	
CG-AQ 477 South Market Street LLC	84-2083351	DE	
CARING XR 2 International Investor LLC	83-4317078	DE	
CGGL XR 2 International LLC	84-1843578	DE	
CGGL XR 2 International JV LLC	84-1843578	DE	
CGGL XR 2 International Mezz LLC	84-1843578	DE	
CARING XR International Investor LLC	83-3923178	DE	
CGGL XR International LLC	84-1921719	DE	
CARING JA Lofts Investor GP LLC	00-0000000	DE	
CARING JA Lofts Investor LP LLC	00-0000000	DE	
JA Lofts JV Limited Partnership	84-3395923	DE	
JA Lofts Holdings, LLC	84-3406799	DE	
RISE-CG JA Lofts Limited Partnership	84-3254168	DE	
CARING Westcore Holding Investor LLC	38-4085763	DE	
Westcore CG AC, LLC	00-0000000	DE	
Westcore CG Dove Valley II, LLC	84-3178563	DE	
Westcore CG Venture, LLC	00-0000000	DE	
Westcore CG Dove Valley I, LLC	84-3178563	DE	
Westcore CG Camelback, LLC	84-3178563	DE	
Westcore CG Susana, LLC	84-3178563	DE	
Westcore CG Navy, LLC	84-3178563	DE	
Westcore CG I-35, LLC	84-3178563	DE	
Westcore CG Potomac Park, LLC	84-3178563	DE	
Westcore CG Fountain Lakes, LLC	84-3178563	DE	
Westcore CG Solano, LLC	84-3178563	DE	
Westcore CG Gateway, LLC	84-3178563	DE	
Westcore CG Cedar Port, LLC	84-3178563	DE	
Westcore CG Eisenhauer, LLC	84-3178563	DE	
Westcore CG Raceway, LLC	84-3178563	DE	
CARING Westcore Holding II Investor LLC	87-3646420	DE	
Westcore CG II AC, LLC	87-3624928	DE	
Westcore CG Venture II, LLC	87-3624928	DE	
Westcore CG II Park 225, LLC	87-3624928	DE	
Westcore CG II Union Cross, LLC	87-3624928	DE	
Westcore CG II Denton, LLC	87-3624928	DE	
Westcore CG II Milan, LLC	87-3624928	DE	
CARING IBP Investor LLC	84-4410554	DE	
CG-LEDO IBP Venture LLC	84-4773972	DE	
CG-LEDO IBP I LLC	84-4747045	DE	
CG-LEDO IBP II LLC	84-4755025	DE	
CARING Interbay Investor LP LLC	85-1984627	DE	
The Flats at Interbay JV Limited Partnership	85-1955075	DE	
The Flats at Interbay Limited Partnership	85-1962013	DE	
The Flats at Interbay Holdings, LLC	85-1955731	DE	
CARING Interbay Investor GP LLC	85-1961034	DE	
CARING Deco Investor LLC	85-4265529	DE	
Deco Apartments JV LLC	86-1305728	DE	
Deco Apartments Owner LLC	86-1334095	DE	
CARING ABS Investor LLC	85-4247420	DE	
ABS Apartments Venture, L.L.C.	85-1046126	DE	
CARING Elan I Investor LLC	85-2912145	DE	
CI-GS Elan Everett Phase I, LLC	86-2964997	DE	
CARING Elan II Investor LLC	87-0928526	DE	
CI-GS Elan Everett Phase II, LLC	86-3726159	DE	
CARING St. Matthew's Investor LLC	86-1942593	DE	
ASM Apartments Venture, L.L.C.	86-1750832	DE	
CARING Montclair Investor LLC	85-4265529	DE	
Montclair Residences JV LLC	87-2772585	DE	
Montclair 11 Pine Operating Company LLC	87-2810715	DE	
Montclair 11 Pine Urban Renewal LLC	87-2790325	DE	
CARING Berwyn Investor LLC	87-1992977	DE	
Swedesford Road Apartments, LLC	87-0903685	DE	
CARING Alta Duraleigh Investor LLC	83-2851501	DE	
CG/Wood Alta Duraleigh, LLC	85-0734624	DE	
CG/Wood Alta Duraleigh Owner, LLC	85-0655107	DE	
CG/Wood Alta Duraleigh Townhome, LLC	87-2928410	DE	
CARING Optimist Park II Investor LLC	86-2627703	DE	
AOP II Apartments Venture, L.L.C.	87-4023291	DE	
CARING Galleria Investor LLC	87-4803572	DE	
AGA Apartments Venture, L.L.C.	87-4355549	DE	
CARING Waltham Investor LLC	88-2074593	DE	
73 Pond Street Apartments Venture, L.L.C.	88-1945947	DE	
CARING Slattown Investor, LLC	87-2031777	DE	
CI-GS Slattown, LLC	88-3907567	DE	
CARING Brinkman Investor LLC	86-1885283	DE	
ABL Holding Co., L.L.C.	88-4202407	DE	
ABL Apartments Venture, L.L.C.	86-1712743	DE	
ABL Townhomes Venture, L.L.C.	88-3747773	DE	
CARING EndOpl-Mia Investor, LLC	88-2276875	DE	
ATX Merriltown, LP	00-0000000	DE	
CARING Glenwood Investor LLC	92-0571674	DE	
AGS Apartments Venture, L.L.C.	92-1596970	DE	
CARING Tasman East Investor LLC	88-2629352	DE	
CI-GS Tasman East Apartments, LLC	92-2089889	DE	
CARING St. Elmo Investor LLC	86-3275381	DE	
ASE Apartments Venture, L.L.C.	87-1304984	DE	
CARING Windsor Investor LLC	27-5402196	DE	
CARING Brixton Windsor Investor TIC, LLC	99-0930736	DE	
CARING Brixton Windsor Owner TIC, LLC	99-0945998	DE	
CARING Windsor TIC Manager LLC	27-5402196	DE	
CARING Brixton Windsor Manager, LLC	99-0973949	DE	
CARING Towers Crescent Investor LLC	88-2431671	DE	
CARING Continental Investor LLC	27-5402196	DE	
Constellation Continental Owner, LLC	99-2781951	DE	
CARING Rock Island Investor LLC	27-5402196	DE	
Rock Island Owner, LLC	99-3690790	DE	
CARING Rossllyn Investor LLC	99-4129808	DE	
Rossllyn Owner, LLC	99-4491221	DE	
Cigna Health and Life Insurance Company	59-1031071	CT	67369
Bright Health Group, Inc.	47-4991296	DE	
Cigna Corporate Services, LLC	27-3396038	DE	
Cigna Insurance Agency, LLC	27-1903785	CT	
Ceres Sales of Ohio, LLC	34-1970892	OH	
Cigna National Health Insurance Company	34-0970995	OH	61727
Provident American Life & Health Insurance Company	23-1335885	OH	67903
Cigna Insurance Company	75-2305400	OH	65269
Loyal American Life Insurance Company	63-0343428	OH	65722
American Retirement Life Insurance Company	59-2760189	OH	88366
Sterling Life Insurance Company	13-1867829	IL	77399
Cigna Ventures, LLC	83-1069280	DE	
AristaMD, Inc.	46-4080861	DE	
Octave Health Group, Inc.	82-5244890	DE	
9am Health Inc.	82-2153426	DE	
Verity Solutions Group, Inc.	00-0000000	DE	
Cigna & CMB Life Insurance Company Limited	00-0000000	DE	
Cigna & CMB Health Services Company, Ltd.	00-0000000	DE	
Cigna & CMB Asset Management Company Limited	00-0000000	DE	
Health-Lynx, LLC	46-2086778	NJ	
QualCare Management Resources Limited Liability Company	46-1801639	NJ	
Cigna Management Company LLC	87-3374500	DE	
Hartford Community Lender Holding LLC	87-3650143	DE	
Hartford Community Lender I LLC	87-3686301	DE	
Cigna Health Management, Inc.	23-1728483	DE	
Kronos Optimal Health Company	20-8064696	AZ	
Cigna Direct Marketing Company, Inc.	58-1136865	DE	
Tel-Drug, Inc.	46-0427127	SD	
Cigna Global Wellbeing Holdings Limited	00-0000000	DE	
Cigna Global Wellbeing Solutions Limited	00-0000000	DE	
Vielife Services, Inc.	98-0463704	DE	
CG Individual Tax Benefit Payments, Inc.	06-1332403	DE	
CG Life Pension Benefits Payments, Inc.	06-1332405	DE	
CG LINA Pension Benefits Payments, Inc.	06-1332401	DE	
Cigna Federal Benefits, Inc.	62-1724116	DE	

SCHEDULE Y PART 1 - ORGANIZATION CHART

The Cigna Group
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The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2024:

Entity Name	EIN	State	NAIC CODE
Cigna Healthcare Benefits, Inc.	23-2741293	DE	
Cigna Integratedcare, Inc.	23-2924152	DE	
Cigna Managed Care Benefits Company	23-2741294	DE	
Cigna Re Corporation	06-1071502	DE	
Cigna Resource Manager, Inc.	06-1567902	DE	
Connecticut General Benefit Payments, Inc.	06-1252419	DE	
Healthsource Benefits, Inc.	06-1533555	DE	
IHN, Inc.	35-2041388	IN	
Brighter, Inc.	27-1713977	DE	
Patient Provider Alliance, Inc.	80-0818758	DE	
Cigna Global Holdings, Inc.	51-0389196	DE	
Cigna International Corporation, Inc.	51-0111677	DE	
Cigna International Services, Inc.	23-2610178	DE	
Cigna International Marketing (Thailand) Limited	00-0000000		
Cigna Global Reinsurance Company, Ltd.	98-0210110		
Cigna Holdings Overseas, Inc.	23-3009279	DE	
Cigna Bellevue Alpha LLC	00-0000000	DE	
Cigna Linden Holdings, Inc.	46-4110289	DE	
Cigna Laurel Holdings, Ltd.	98-1146864		
Cigna Palmetto Holdings, Ltd.	98-1232443		
Cigna Apac Holdings, Ltd.	00-0000000		
Cigna Alder Holdings, LLC	00-0000000	DE	
Cigna Walnut Holdings, Ltd.	00-0000000		
Cigna Chestnut Holdings, Ltd.	98-1137759		
Cigna International Services Australia Pty Ltd.	00-0000000		
Cigna Hong Kong Holdings Company Limited	00-0000000		
Cigna Data Services (Shanghai) Company Limited	00-0000000		
Cigna Worldwide General Insurance Company Limited	00-0000000		
Cigna International Health Services Sdn. Bhd.	00-0000000		
Cigna Healthcare Eastern Technology Services Company	00-0000000		
Cigna Life Insurance Company of Canada	AA-1560515		
Cigna Spruce Holdings GmbH	00-0000000		
Ascent Health Services LLC	00-0000000	DE	
Qualient Pharmaceuticals Holdings LP	00-0000000		
Qualient Pharmaceuticals Health LLC	00-0000000		
NAS Neuron Health Services, L.L.C.	00-0000000		
Claims and Risk Services Limited	00-0000000		
Egyptian Emirates Administration Services SAE	00-0000000		
Independent Health Information Technology Services L.L.C.	00-0000000		
NAS Administrative Services Company LLC	00-0000000		
Kuwait Emirates Administration Services WLL	00-0000000		
NAS United SPV	00-0000000		
Neuron LLC	00-0000000		
NNHS India Private Limited	00-0000000		
Cigna Nederland Gamma B.V.	00-0000000		
Cigna Myrtle Holdings, Ltd.	98-1154657		
Cigna Elmwood Holdings, SPRL	98-1155943		
Cigna Beechwood Holdings	98-1181787		
Cigna Life Insurance Company of Europe S.A.-N.V.	AA-1240009		
Cigna Europe Insurance Company S.A.-N.V.	00-0000000		
Cigna European Services (UK) Limited	00-0000000		
Cigna 2000 UK Pension LTD	00-0000000		
Cigna Oak Holdings, Ltd.	00-0000000		
Cigna Willow Holdings, LTD.	00-0000000		
FirstAssist Administration Limited	00-0000000		
Cigna Legal Protection U.K. Ltd.	00-0000000		
Cigna Insurance Services (Europe) Limited	00-0000000		
Cigna International Health Services, BVBA	00-0000000		
Cigna International Health Services, LLC	30-0526216	FL	
Cigna International Health Services Kenya Limited	00-0000000		
Cigna Cedar Holdings, Ltd.	00-0000000		
Cigna Insurance Middle East S.A.L.	00-0000000		
Cigna Services Middle East FZE	00-0000000		
Cigna Insurance Management Services (DIFC), Ltd.	00-0000000		
Cigna Health Solution India Pvt. Ltd.	00-0000000		
Cigna Poplar Holdings, Inc.	46-4099800	DE	
PT GAR Indonesia	00-0000000		
Cigna Global Insurance Company Limited	68-0676638		
International Pharmaceutical Solutions, GmbH	00-0000000		
ManipalCigna Health Insurance Company Limited	00-0000000		
Cigna Worldwide Insurance Company	23-2088429	DE	90859
Cigna Teak Holdings, LLC	00-0000000	DE	
Evernorth Strategic Development, Inc.	85-2717903	DE	
Cigna-Evernorth Services, Inc.	85-2732455	DE	
Evernorth Health, Inc.	45-2884094	DE	
Express Scripts, Inc.	43-1420563	DE	
Forsyth Health, LLC	88-3762943	DE	
ESSCH Holdings, Inc.	92-1016132	DE	
Express Scripts Senior Care Holdings LLC	20-3126104	DE	
Express Scripts Senior Care, Inc.	20-3126075	DE	
Express Scripts Services Co.	43-1832983	DE	
Diversified Pharmaceutical Services, Inc.	41-1627938	MN	
Diversified NY IPA, Inc.	16-1526641	NY	
ESI Mail Pharmacy Service, Inc.	43-1867735	DE	
Express Scripts Pharmaceutical Procurement, LLC	20-5826948	DE	
Econdisc Contracting Solutions, LLC	27-3542089	DE	
Express Scripts Sales Operations, Inc.	22-3114423	NJ	
Express Scripts Specialty Distribution Services, Inc.	43-1869712	DE	
ESI Partnership	43-1925562	DE	
ESI Resources, Inc.	41-2006555	MN	
ESI GP Holdings, Inc.	43-1925556	DE	
Express Scripts Utilization Management Company	43-1869714	DE	
Express Scripts Strategic Development, Inc.	22-2230703	NJ	
Airport Holdings, LLC	75-3040465	NJ	
CuraScript, Inc.	36-4369972	DE	
Priority Healthcare Corporation	35-1927379	IN	
Lynnfield Drug, Inc.	04-3546044	FL	
Freedom Service Company, LLC	20-3229217	FL	
Priority Healthcare Distribution, Inc.	59-3761140	FL	
Evernorth Wholesale Distribution, Inc.	93-3608409	DE	
Freco, Inc.	02-0523249	FL	
Lynnfield Compounding Center, Inc.	58-2593075	FL	
SpectraCare, Inc.	61-1147069	KY	
SpectraCare Health Care Ventures, Inc.	61-1317695	KY	
Care Continuum, Inc.	61-1162797	KY	
Matrix GPO, LLC	51-0500147	IN	
Healthbridge Reimbursement & Product Support, Inc.	04-2992335	MA	
Strategic Pharmaceutical Investments, LLC	47-2658932	DE	
ABD Group, Inc.	47-3828401	DE	
Apothecary by Design Acquisition Co., LLC	47-3883928	DE	
Integrity Rx Specialty Pharmacy LLC	46-5556043	AZ	
Village Fertility Pharmacy, LLC	81-3492421	DE	
Healy Pharmacy, LLC	47-5651517	DE	
Village West Coast LLC	92-3642270	DE	
Global Pharmacy LLC	82-5244279	CA	
L&C Investments, LLC	47-5292506	DE	
ESI Mail Order Processing, Inc. (fka NXI)	74-2974964	DE	
Express Reinsurance Company	27-3175443	MO	13918
Express Scripts Canada Holding Co.	43-1942542	DE	
Express Scripts Canada Co.	00-0000000		
ESI Canada	00-0000000		
ESI GP Canada ULC	00-0000000		
ESI GP2 Canada ULC	00-0000000		
Express Scripts Canada Wholesale	00-0000000		
Express Scripts Canada Services	00-0000000		
Express Scripts Pharmacy Ontario, Ltd.	00-0000000		
Express Scripts Pharmacy West, Ltd.	00-0000000		
Express Scripts Pharmacy Central, Ltd.	00-0000000		
Express Scripts Pharmacy Atlantic, Ltd.	00-0000000		
Express Scripts Canada Holding, LLC	27-1490640	DE	
Healthbridge, Inc.	26-2159005	DE	
Inside RX, LLC	82-0658250	DE	
myMatrix Holdings, LLC	82-1350878	DE	
Matrix Healthcare Services, Inc.	59-3720653	FL	
myMatrix-B, LLC	46-2589799	FL	
MyM Technology Services, LLC	36-4833284	FL	
Innovative Product Alignment, LLC	82-1655179	DE	

SCHEDULE Y PART 1 - ORGANIZATION CHART

The Cigna Group
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2024:

Entity Name	EIN	State	NAIC CODE
Express Scripts Health Information Network Partners, Inc.	84-5003423	DE	
Evernorth Care Solutions, Inc.	86-1465626	DE	
MDLive, Inc.	45-4937055	DE	
MDLive LLC	00-0000000	DE	
MDLiveVisit, LLC	00-0000000	FL	
Breakthrough Behavioral, Inc.	00-0000000	DE	
Breakthrough Behavioral of Texas, Inc.	00-0000000	TX	
MDLive Provider Services, LLC	00-0000000	FL	
Evernorth Federal Services, Inc.	33-2256054	DE	
Medco Health Solutions, Inc.	22-3461740	DE	
MAH Pharmacy, LLC	27-1506930	DE	
Medco Containment Life Insurance Company	42-1425239	PA	63762
Medco Containment Insurance Company of NY	13-3506395	NY	34720
Accredo Health, Incorporated	55-0894449	DE	
AHG of New York, Inc.	13-3888838	NY	
Biopartners in Care, Inc.	43-1815573	MO	
Accredo Health Group, Inc.	11-3358535	DE	
Willow DSP LLC	00-0000000	DE	
Medco Europe, LLC	46-2166374	DE	
Medco Europe II, LLC	27-3709630	DE	
Express Scripts Administrators LLC	41-2063830	DE	
Medco Health Puerto Rico, LLC	81-0616525	DE	
Systemed, LLC	22-3474888	DE	
Medco Health Services, Inc.	26-3544786	DE	
Express Scripts Pharmacy, Inc.	30-0789911	DE	
Specialty Products Acquisitions, LLC	82-4405071	DE	
SureScripts, LLC	00-0000000	VA	
Medco Health Information Network Partners, Inc.	84-5017653	DE	
Evernorth Sales Operations, Inc.	85-2759151	DE	
Evernorth Accountable Care, LLC	93-1916563	DE	
Evernorth-VillageMD Care Alliance of AZ, LLC	93-1946921	DE	
Evernorth-VillageMD Care Alliance of CT, LLC	93-3088901	DE	
Evernorth-VillageMD Care Alliance of GA, LLC	93-1971121	DE	
Evernorth-VillageMD Care Alliance of NJ, LLC	93-2000610	NJ	
Evernorth-VillageMD Care Alliance of TX, LLC	93-2024744	DE	
Evernorth-VillageMD Health Organization of Texas, Inc.	93-2676484	TX	
Evernorth Network Services, LLC	99-1207331	DE	
Evernorth Accountable Care One, LLC	00-0000000		
Evernorth Ireland Limited	00-0000000	IE	
evCore 1, LLC	46-4676347	DE	
MedSolutions Holdings, Inc.	27-3801345	DE	
evCore healthcare MSI, LLC	62-1615395	TN	
CareCore NJ, LLC	20-1089572	NJ	10144
CCN-WNY IPA, LLC	33-1039759	NY	
CCN NMO, LLC	45-2604992	NY	
MSI Health Organization of Texas, Inc.	32-0071543	TX	
MSIAZ I, LLC	86-1090522	TN	
MSICA I, LLC	20-1749733	TN	
MSICO I, LLC	20-1222347	TN	
MSIFL, LLC	55-0840800	TN	
MSIMD I, LLC	26-0181185	TN	
MSINC I, LLC	74-3122235	TN	
MSINH, LLC	03-0524694	TN	
MSINH II, LLC	11-3715243	TN	
MSINJ I, LLC	20-1749446	TN	
MSINV I, LLC	20-1761914	TN	
MSI HT, LLC	27-5492993	TN	
MSI LT, LLC	27-5493148	TN	
MSI SAR-GW, LLC	27-5493321	TN	
MSISC II, LLC	55-0840806	TN	
MSIVT I, LLC	26-036736	TN	
MSIWA, LLC	20-2536458	TN	
Chiro Alliance Corporation	59-3466707	FL	
QPID Health, LLC	45-5569416	DE	

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 25

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
2504. Loss adjustment expenses		1,180,382			1,180,382
2505. Disease management	4,240,437				4,240,437
2506. Member rewards	29,991,689				29,991,689
2597. Summary of remaining write-ins for Line 25 from overflow page	34,232,126	1,180,382	0	0	35,412,508