



# HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2025

OF THE CONDITION AND AFFAIRS OF THE

## HealthSpring Life & Health Insurance Company, Inc.

NAIC Group Code 0917 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.hcsc.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

Chief Executive Officer, President Stephen Harris # Treasurer Lillian Sutton #  
Secretary Arlene Lim # Vice President, Compliance Kimberly Green #

### OTHER

Scott Womack #, Vice President, Tax

### DIRECTORS OR TRUSTEES

Stephen Harris # Kimberly Green # Sachin Gupta #  
Scott Womack # Lillian Sutton #

State of Tennessee SS:  
County of Davidson

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.

Stephen Harris  
Chief Executive Officer, President

Lillian Sutton  
Treasurer

Arlene Lim  
Secretary

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



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Statutory Statement Contact Connie Schmidt Anslay 615-564-3480  
(Name) (Area Code) (Telephone Number)  
regulatory@cignahealthcare.com 615-401-4586  
(E-mail Address) (FAX Number)

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Secretary Arlene Lim # Vice President, Compliance Kimberly Green #

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Signed by: Stephen Harris  
2F4384E8BF374EC...  
Stephen Harris  
Chief Executive Officer, President

Signed by: Lillian Sutton  
CA143F0D276B472...  
Lillian Sutton  
Treasurer

DocuSigned by: Arlene Lim  
BE36CA16436B4AE...  
Arlene Lim  
Secretary

Subscribed and sworn to before me this 15th day of May 2025

Kathleen G. Yates  
Notary Public  
October 26, 2027



- 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.....

STATEMENT AS OF MARCH 31, 2025 OF THE HealthSpring Life & Health Insurance Company, Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	1,049,354,744		1,049,354,744	666,195,789
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
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 (\$ .....(81,320,893) ), cash equivalents (\$ .....625,091,725 ) and short-term investments (\$ ..... ) .....	543,770,833		543,770,833	684,273,000
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....	3,126,052	0	3,126,052	3,129,021
9. Receivables for securities .....	2,362		2,362	5,786
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	1,596,253,990	0	1,596,253,990	1,353,603,596
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	12,051,357		12,051,357	10,083,283
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	9,749,798	3,245,105	6,504,693	2,484,576
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 (\$ .....920,273 ) and contracts subject to redetermination (\$ ..... ) .....	920,273		920,273	2,651,428
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 .....	137,047,311		137,047,311	120,028,256
18.1 Current federal and foreign income tax recoverable and interest thereon ....	5,783,534		5,783,534	6,068,275
18.2 Net deferred tax asset .....			0	805,178
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 .....	1,170,776		1,170,776	1,678,484
24. Health care (\$ ..... 222,021,186 ) and other amounts receivable .....	261,792,799	39,771,613	222,021,186	132,368,189
25. Aggregate write-ins for other-than-invested assets .....	7,292,315	1,000	7,291,315	85,980
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	2,032,062,153	43,017,718	1,989,044,435	1,629,857,245
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	2,032,062,153	43,017,718	1,989,044,435	1,629,857,245
<b>DETAILS OF WRITE-INS</b>				
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 .....	103,580		103,580	85,980
2502. Other Receivable .....	7,188,735	1,000	7,187,735	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)	7,292,315	1,000	7,291,315	85,980

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	683,772,835	28,306,892	712,079,727	386,387,212
2. Accrued medical incentive pool and bonus amounts .....	50,133,585		50,133,585	29,003,171
3. Unpaid claims adjustment expenses .....		11,244,242	11,244,242	6,026,630
4. Aggregate health policy reserves, including the liability of \$ .....335,956 for medical loss ratio rebate per the Public Health Service Act .....	191,285,767		191,285,767	220,636,883
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	36		36	0
9. General expenses due or accrued .....	2,304,496		2,304,496	1,337,831
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized 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 .....	12,800,184		12,800,184	549,417
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	244,789,891		244,789,891	171,136,295
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, \$ ..... unauthorized reinsurers and \$ ..... 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 .....	5,180,142		5,180,142	0
23. Aggregate write-ins for other liabilities (including \$ ..... 55,593,296 current) .....	55,593,295	0	55,593,295	120,827,554
24. Total liabilities (Lines 1 to 23) .....	1,245,860,231	39,551,134	1,285,411,365	935,904,993
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	724,190,962
29. Surplus notes .....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(23,057,892)	(32,738,710)
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	703,633,070	693,952,252
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,989,044,435	1,629,857,245
<b>DETAILS OF WRITE-INS</b>				
2301. Amount Due to CMS .....	44,652,418		44,652,418	114,419,174
2302. Escheatment Liability .....	9,475,838		9,475,838	6,408,380
2303. Other Liabilities .....	1,465,039		1,465,039	
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)	55,593,295	0	55,593,295	120,827,554
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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	1,534,028	938,538	3,702,503
2. Net premium income ( including \$ ..... non-health premium income).....	XXX	1,967,608,311	1,287,712,577	4,892,210,437
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	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	1,967,608,311	1,287,712,577	4,892,210,437
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		1,347,670,957	959,868,545	3,564,195,890
10. Other professional services .....		58,636,175	36,197,913	123,682,131
11. Outside referrals .....	42,498,192	42,498,192	33,878,844	212,957,571
12. Emergency room and out-of-area .....	2,933,153	25,067,728	12,665,608	75,157,852
13. Prescription drugs .....		265,854,166	97,193,617	276,199,026
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		12,361,466	19,701,148	8,141,570
16. Subtotal (Lines 9 to 15) .....	45,431,345	1,752,088,684	1,159,505,675	4,260,334,040
<b>Less:</b>				
17. Net reinsurance recoveries .....				0
18. Total hospital and medical (Lines 16 minus 17) .....	45,431,345	1,752,088,684	1,159,505,675	4,260,334,040
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ ..... 94,584,874 cost containment expenses .....		98,108,017	107,589,396	257,255,449
21. General administrative expenses .....		181,107,922	96,463,836	509,070,121
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .		(54,697,893)	(72,105,848)	63,630,167
23. Total underwriting deductions (Lines 18 through 22).....	45,431,345	1,976,606,730	1,291,453,059	5,090,289,777
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(8,998,419)	(3,740,482)	(198,079,340)
25. Net investment income earned .....		23,104,261	11,434,401	60,208,400
26. Net realized capital gains (losses) less capital gains tax of \$ .....		416,548	(9,306,532)	(43,263,596)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	23,520,809	2,127,869	16,944,804
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... 11,031 )].....		(11,031)	1,777	(1,431,558)
29. Aggregate write-ins for other income or expenses .....	0	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	14,511,359	(1,610,836)	(182,566,094)
31. Federal and foreign income taxes incurred .....	XXX	(7,051,916)	(55,221)	(18,750,942)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	21,563,275	(1,555,615)	(163,815,152)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	693,952,252	448,374,994	448,374,994
34. Net income or (loss) from Line 32.....	21,563,275	(1,555,615)	(163,815,152)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... (84,941)	305,477	1,737,935	3,439,344
37. Change in net unrealized foreign exchange capital gain or (loss).....		(4)	3
38. Change in net deferred income tax.....	(1,355,776)	1,534,675	(34,386,763)
39. Change in nonadmitted assets.....	(10,832,158)	1,691,048	(9,660,174)
40. Change in unauthorized and certified reinsurance.....	0	0	0
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	0	0	450,000,000
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	9,680,818	3,408,039	245,577,258
49. Capital and surplus end of reporting period (Line 33 plus 48)	703,633,070	451,783,033	693,952,252
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF MARCH 31, 2025 OF THE HealthSpring Life & Health Insurance Company, Inc.

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	1,919,095,492	1,188,242,655	4,945,404,865
2. Net investment income .....	20,817,580	9,664,944	57,435,840
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	1,939,913,072	1,197,907,599	5,002,840,705
5. Benefit and loss related payments .....	1,504,593,571	829,883,903	4,121,912,325
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	292,075,910	145,329,974	832,763,456
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	(7,336,658)	(24,261,669)	(43,241,741)
10. Total (Lines 5 through 9) .....	1,789,332,823	950,952,208	4,911,434,040
11. Net cash from operations (Line 4 minus Line 10) .....	150,580,249	246,955,391	91,406,665
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	19,191,495	105,473,519	237,221,662
12.2 Stocks .....	0	0	1,066
12.3 Mortgage loans .....	0	0	72,258,433
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	2,159,728
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	195	0	3
12.7 Miscellaneous proceeds .....	3,424	0	1,196,553
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	19,195,114	105,473,519	312,837,445
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	401,222,098	0	253,583,989
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	3,134,220
13.6 Miscellaneous applications .....	0	3,169,510	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	401,222,098	3,169,510	256,718,209
14. Net increase/(decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(382,026,984)	102,304,009	56,119,236
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	97,000,000	450,000,000
16.3 Borrowed funds .....	0	(43,768,095)	(43,768,095)
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	90,944,567	10,294,306	153,321,824
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	90,944,567	63,526,211	559,553,729
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(140,502,168)	412,785,611	707,079,630
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	684,273,000	(22,806,630)	(22,806,630)
19.2 End of period (Line 18 plus Line 19.1) .....	543,770,833	389,978,981	684,273,000

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

20.0001. Non-cash transactions - Stocks & Bonds Disposed .....	0	2,111,947	11,055,737
20.0002. Non-cash transactions - Stocks & Bonds Acquired .....	0	2,111,947	11,055,737

STATEMENT AS OF MARCH 31, 2025 OF THE HealthSpring Life & Health Insurance Company, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	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											
<b>Total Members at end of:</b>														
1. Prior Year .....	304,506	0	0	0	0	0	0	304,506	0	0	0	0	0	0
2. First Quarter .....	517,550							517,550						
3. Second Quarter .....	0													
4. Third Quarter .....	0													
5. Current Year	0													
6. Current Year Member Months	1,534,028							1,534,028						
<b>Total Member Ambulatory Encounters for Period:</b>														
7. Physician .....	457,504							457,504						
8. Non-Physician .....	1,602,365							1,602,365						
9. Total	2,059,869	0	0	0	0	0	0	2,059,869	0	0	0	0	0	0
10. Hospital Patient Days Incurred	174,230							174,230						
11. Number of Inpatient Admissions	27,960							27,960						
12. Health Premiums Written (a) .....	1,971,402,397							1,965,792,814	(558,639)				6,168,222	
13. Life Premiums Direct .....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned.....	1,971,066,441							1,965,456,858	(558,639)				6,168,222	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	1,504,593,571							1,489,528,332	1,903,545				13,161,694	
18. Amount Incurred for Provision of Health Care Services	1,752,088,685							1,739,637,818	(297,549)				12,748,416	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 1,971,961,036



## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 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 .....	204,413,388	1,293,883,888	89,898,100	621,545,869	294,311,488	382,997,446
8. Title XIX - Medicaid .....	1,547,380	356,166	1,560,985	(926,090)	3,108,365	3,388,902
9. Credit A&H .....					0	0
10. Disability Income .....					0	0
11. Long-term care .....					0	0
12. Other health .....	471,578	12,690,116	(110,409)	111,274	361,169	864
13. Health subtotal (Lines 1 to 12) .....	206,432,346	1,306,930,170	91,348,676	620,731,053	297,781,022	386,387,212
14. Health care receivables (a) .....	38,154,977	24,289,635	34,460,060	164,888,128	72,615,037	162,464,986
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....	718,051	(9,486,999)	24,273,192	25,860,393	24,991,243	29,003,171
17. Totals (Lines 13 - 14 + 15 + 16)	168,995,420	1,273,153,536	81,161,808	481,703,318	250,157,228	252,925,397

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

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies and Going Concern

On March 19, 2025, the Cigna Group sold its Medicare Advantage, Medicare Stand-Alone Prescription Drug Plans, Medicare and Non-Medicare Supplement, and CareAllies businesses to Health Care Service Corporation (“HCSC”). All of the Company’s business was included in the sale.

#### 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 2025 or 2024.

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:

	SSAP #	F/S Page	F/S Line #	2025	2024
<b><u>NET INCOME</u></b>					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 21,563,275	\$(163,815,152)
(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>\$ 21,563,275</u>	<u>\$(163,815,152)</u>
<b><u>SURPLUS</u></b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	703,633,070	693,952,252
(6) State Prescribed Practices that increase/ (decrease) NAIC SAP:					
None				—	—
(7) State Permitted Practices that increase/ (decrease) NAIC SAP:					
None				—	—
(8) Surplus per NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 703,633,070</u>	<u>\$ 693,952,252</u>

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

No change from the 2024 Annual Statement.

#### C. Accounting Policies

No change from the 2024 Annual Statement.

#### 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**

## Changes in Accounting Principles

Interpretations 24-02, *Medicare Part D Prescription Payment Plan* and 05-05, *Accounting for Revenues Under Medicare Part D Coverage* were updated to provide accounting and reporting guidance for the Medicare Part D Prescription Payment Plan (MPPP). The interpretations state that recoverables generated under the MPPP are admitted assets subject to the 90 days overdue rule. MPPP recoverables are also subject to impairment analysis. Uncollected recoverables should be written off as drug claims expense. Fully collected recoverables do not have an income statement impact. The Company adopted the guidance in Q1 2025, which had an immaterial impact to the Company's financial position.

Corrections of Errors - None.

**3. Business Combinations and Goodwill** - Not applicable.**4. Discontinued Operations** - Not applicable.**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 March 31, 2025.
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 March 31, 2025.
4. As of March 31, 2025, 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:
  - a. The aggregate amount of unrealized losses:
 

1. Less than 12 months:	\$	21
2. 12 months or longer:		—
  - b. The aggregate related fair value of securities with unrealized losses:
 

1. Less than 12 months:	\$	1,837
2. 12 months or longer:		—
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 and specific near term prospects of the issuer;
  - Changes in the regulatory, economic or general market environment of the issuer's industry or geographic region; 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

**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 as of March 31, 2025 and December 31, 2024. 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 Curent 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	\$ 8,542,461	\$ 8,536,648	\$ 5,813	\$ —	\$ 8,542,461	0.4 %	0.4 %
k. On deposit with other regulatory bodies	—	—	—	—	—	—	—
l. Pledged collateral to FHLB (including assets backing funding agreements)	—	—	—	—	—	—	—
m. Pledged as collateral not captured in other categories	—	—	—	—	—	—	—
n. Other restricted assets	—	—	—	—	—	—	—
<b>o. Total Restricted Assets</b>	<b>\$ 8,542,461</b>	<b>\$ 8,536,648</b>	<b>\$ 5,813</b>	<b>\$ —</b>	<b>\$ 8,542,461</b>	<b>0.4 %</b>	<b>0.4 %</b>

(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** – Not applicable.

**N. Offsetting and Netting of Assets and Liabilities** – Not applicable.

**O. 5GI Securities** – Not applicable.

**P. Short Sales** – Not applicable.

**Q. Prepayment Penalty and Acceleration Fees** - Not applicable.

**R. Reporting Entity's Share of Cash Pool by Asset Type** - Not applicable.

**6. Joint Ventures, Partnerships and Limited Liability Companies** - Not applicable.

**7. Investment Income**

No change from the 2024 Annual Statement.

**8. Derivative Instruments** - Not applicable.

**9. Income Taxes**

No change from 2024 Annual Statement.

**10. Information Concerning Parent, Subsidiaries and Affiliates**

Other than discussed below, there were no material changes from the 2024 Annual Statement.

*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.

As a result of the acquisition of the Company by HCSC on March 19, 2025, many of the agreements in effect for the 2024 annual statement will become third party agreements or will be replaced with new agreements.

**11. Debt**

**A. Debt and Capital Notes** - No change from the 2024 Annual Statement.

**B. FHLB Agreements** – Not applicable.

**12. Retirement Plans, Deferred Compensation, Post-Employment Benefits and Compensated Absences and Other Postretirement Benefit Plans** - Not applicable.

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

**A. - C.** - No change from the 2024 Annual Statement.

**D.** As of March 31, 2025 and December 31, 2024, the Company paid no dividends.

**E. - I.** - No change from the 2024 Annual Statement.

**J.** Unassigned surplus was increased/(reduced) by the following:

	2025	2024
Unrealized gains and losses in surplus	\$ 305,477	\$ 3,439,344
Change in deferred income tax	(1,355,776)	(34,386,763)
Change in nonadmitted assets	(10,832,158)	(9,660,174)
Capital infusion	—	450,000,000

**K. - O.** - Not applicable.

**14. Liabilities, Contingencies and Assessments**

**A. Contingent Commitments**

As of March 31, 2025, the Company had no commitments.

- B. Assessments** - Not applicable.
- C. Gain Contingencies** – Not applicable.
- D. Claims-Related Extra Contractual Obligations** – Not applicable.
- E. Joint and Several Liabilities** – Not applicable.
- F. All Other Liabilities:**

**Litigation and Other Legal Matters:**

Various federal, state or other regulatory agencies may from time to time review, examine or inquire into the operations, practices and procedures of the Company, such as through financial examinations, market conduct exams or other regulatory inquiries. Based on the current status of pending regulatory examinations and inquiries involving the Company, the Company believes it is not likely that these regulatory examinations or inquiries will have a material adverse effect.

As of March 31, 2025, there were no pending litigation or legal and regulatory matters determined to have a reasonably possible material loss for the Company.

- G. Uncollectible Amounts** – Not applicable.
- 15. **Leases** - Not applicable.
  - 16. **Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk** - Not applicable.
  - 17. **Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities** - Not applicable.
  - 18. **Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans** - 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).

- 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 for 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 following tables provide information about the Company's financial instruments carried at fair value as of March 31, 2025 and December 31, 2024.

Financial Assets at Fair Value	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
<b>March 31, 2025</b>					
Bonds	\$ —	\$ 2,816,941	\$ —	\$ —	\$ 2,816,941
Cash equivalents	—	—	—	625,091,726	625,091,726
<b>December 31, 2024</b>					
Bonds	—	9,929,035	—	—	9,929,035

### 2. Fair Value Measurements in Level 3 of the Fair Value Hierarchy - None

### 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 of 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 Note 5.

**C. Aggregate Fair Value of All Financial Instruments**

The following table provides the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of March 31, 2025 and December 31, 2024.

Financial Assets	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
<b>March 31, 2025</b>							
Bonds	\$1,045,375,984	1,049,354,744	\$ —	\$1,045,375,984	\$ —	\$ —	\$ —
Cash equivalents	625,091,726	625,091,725	—	625,091,726	—	—	—
Other invested assets	3,135,999	3,126,052	—	3,135,999	—	—	—
Cash	(81,320,893)	(81,320,893)	(81,320,893)	—	—	—	—
Total	\$1,592,282,816	\$1,596,251,628	\$ (81,320,893)	\$1,673,603,709	\$ —	\$ —	\$ —
<b>December 31, 2024</b>							
Bonds	\$ 646,652,733	\$ 666,195,789	\$ 7,414,864	\$ 639,237,869	\$ —	\$ —	\$ —
Cash equivalents	741,587,841	741,587,841	—	741,587,841	—	—	—
Other invested assets	3,097,971	3,129,021	—	3,097,971	—	—	—
Cash	(57,314,841)	(57,314,841)	(57,314,841)	—	—	—	—
Total	\$1,334,023,704	\$1,353,597,810	\$ (49,899,977)	\$1,383,923,681	\$ —	\$ —	\$ —

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 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.

**Cash, Cash Equivalents, and Short-Term Investments**

Short-term investments, cash equivalents, and cash are carried at cost which approximates fair value. 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** - No change from the 2024 Annual Statement.

**22. Events Subsequent**

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 May 30, 2025.

**23. Reinsurance** - No change from the 2024 Annual Statement.

**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 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.

**C. Amount of Net Written Premiums Subject to Retrospective Rating Features** – The amount of new written premiums at March 31, 2025 and December 31, 2024 that are subject to retrospective rating features or subject to redetermination were:

	2025	2024
CMS Risk Adjustment		
Premium impact	\$ (5,696,100)	\$ 155,645,889
Percentage of total premiums	-0.3%	3.2%
Risk corridor adjustment		
Premium impact	\$ (30,501,218)	\$ 22,165,738
Percentage of total premiums	-1.6%	0.5%

**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 a rebate of \$335,956 as of March 31, 2025 and none as of December 31, 2024.

**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 periods ended March 31, 2025, and December 31, 2024 was as follows:

	<u>2025</u>	<u>2024</u>
Balance at end of prior year	\$ 392,413,842	\$ 308,611,285
Incurred related to:		
Current year	1,716,475,194	4,297,638,223
Prior years	34,207,042	(31,565,620)
Total incurred	<u>1,750,682,236</u>	<u>4,266,072,603</u>
Paid related to:		
Current year	1,090,526,528	3,938,144,034
Prior years	329,245,583	244,126,012
Total paid	<u>1,419,772,111</u>	<u>4,182,270,046</u>
Balance at end of current year	<u>\$ 723,323,967</u>	<u>\$ 392,413,842</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 unfavorable development in 2025 were primarily the result of higher frequency and severity of claims than originally estimated. The prior year's favorable development in 2024 were 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 \$17,956,490 and \$14,202,555 for the periods ended March 31, 2025, and December 31, 2024, respectively, are included in general and administrative expenses in the Statement of Revenues and Expenses but are included in incurred claims as shown above.

Risk-sharing expenses of \$12,361,466 and \$8,141,570 for the periods ended March 31, 2025, and December 31, 2024, 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** - Not applicable.

**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 \$22,667,631 and \$12,229,535 in non-admitted pharmacy rebates as of March 31, 2025 and December 31, 2024, 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 March 31, 2025		
			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
March 31, 2025	\$ 176,680,556	\$ 252,245,846	\$ 57,389,866	\$ —	\$ —
December 31, 2024	101,694,363	161,122,864	101,216,868	55,755,282	32,886
September 30, 2024	107,688,780	168,541,647	110,001,291	57,128,952	94,280
June 30, 2024	100,863,894	157,531,252	132,254,036	25,694,673	569,201
March 31, 2024	105,802,463	157,107,213	138,046,798	19,098,457	221,033
December 31, 2023	149,273,876	182,229,799	114,170,320	67,866,577	249,892
September 30, 2023	130,326,953	199,813,142	129,102,562	69,510,074	1,229,823
June 30, 2023	136,968,229	189,332,506	159,634,979	28,181,502	1,437,507
March 31, 2023	131,721,964	179,005,875	146,511,145	31,171,519	1,409,617
December 31, 2022	108,260,644	142,757,498	109,208,383	33,295,450	140,197
September 30, 2022	100,094,790	144,590,595	100,341,375	43,802,562	294,612
June 30, 2022	98,033,016	135,926,107	104,939,145	30,845,796	6,232
March 31, 2022	108,372,950	137,954,458	115,382,980	21,990,778	583,965

**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
2025	2025	\$ —	\$ 15,278,956	\$ —	\$ 15,278,956	\$ —	\$ —	\$ —	\$ —
	2026	xxx	—	xxx	—	xxx	—	xxx	—
2024	2024	18,937,689	14,784,420	—	14,784,420	2,073,595	—	—	—
	2025	xxx	—	xxx	—	xxx	—	xxx	—
2023	2023	—	—	—	—	—	—	—	—
	2024	xxx	—	xxx	—	xxx	—	xxx	—

**C. Other Healthcare Receivables**

Other Healthcare receivables included:

Other healthcare receivables	\$ 13,411,677
Claims overpayment receivables	1,126,753
Medicare Prescription Payment Plan	734,645
Capitation arrangement receivables	4,179
	<u>\$ 15,277,254</u>

**29. Participating Policies** - Not applicable.

**30. Premium Deficiency Reserves**

Premium deficiencies occur when it is probable that expected claims expense (hospital/medical expenses 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 as shown below at March 31, 2025 and December 31, 2024, respectively.

	<u>March 31, 2025</u>	<u>December 31, 2024</u>
1. Liability carried for premium deficiency reserves	\$ 159,646,304	\$ 214,344,197
2. Date of the most recent evaluation of this liability	March 31, 2025	December 31, 2024
3. Was anticipated investment income utilized in the calculation?	Yes	Yes

**31. Anticipated Salvage and Subrogation** - Not applicable.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 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 [ X ]
- 2.2 If yes, date of change: .....
- 3.1 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 [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ X ] No [ ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
On March 19, 2025, the Company was acquired by Health Care Service Corporation (HCSC). .....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [ X ]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]
- 4.2 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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
If yes, attach an explanation.  
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2024
- 6.2 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
- 6.3 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
- 6.4 By what department or departments?  
Texas Department of Insurance .....
- 6.5 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 [ X ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 7.1 Has this 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 [ X ]
- 7.2 If yes, give full information:  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 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 location (city and state of the main office) of any affiliates regulated by a federal 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

## GENERAL INTERROGATORIES

- 9.1 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 [  ] 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.
- 9.11 If the response to 9.1 is No, please explain: .....
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes [  ] No [  ]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
The Company's Code of Business Ethics and Conduct is reviewed annually, typically during the fourth quarter of each year. Any amendments are approved by the Board. ....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [  ] No [  ]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [  ] No [  ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ ..... 0

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [  ] No [  ]
- 11.2 If yes, give full and complete information relating thereto: .....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....
13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [  ] No [  ]
- 14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ ..... 0	\$ ..... 0
14.22 Preferred Stock .....	\$ ..... 0	\$ ..... 0
14.23 Common Stock .....	\$ ..... 0	\$ ..... 0
14.24 Short-Term Investments .....	\$ ..... 0	\$ ..... 0
14.25 Mortgage Loans on Real Estate .....	\$ ..... 0	\$ ..... 0
14.26 All Other .....	\$ ..... 0	\$ ..... 0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ ..... 0	\$ ..... 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

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

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$ ..... 0
- 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ ..... 0
- 16.3 Total payable for securities lending reported on the liability page. .... \$ ..... 0

## GENERAL INTERROGATORIES

17. 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  No
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Northern Trust Bank .....	50 South LaSalle Street Chicago, Illinois 60603 .....

- 17.2 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)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes  No
- 17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
JPMorgan Chase Bank, N.A .....	Northern Trust Bank .....	.....03/19/2025 .....	On March 19, 2025, the Company was acquired by The Health Care Service Corporation. Consequently, there has been a change in custodians. ....

- 17.5 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
Lillian Sutton .....	I.....
Wellington Management Company LLP .....	U.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, 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

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes  No

- 17.6 For those firms or individuals listed in the table for 17.5 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
106595 .....	Wellington Management Company LLP .....	549300YHP12TEZNLX41 .....	SEC .....	DS.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes  No

- 18.2 If no, list exceptions:  
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The NAIC Designation was 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 held by the insurer and available for examination by state insurance regulators.
  - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? ..... Yes  No

21. 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

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

- 1. Operating Percentages:
  - 1.1 A&H loss percent .....91.1 %
  - 1.2 A&H cost containment percent ..... 4.8 %
  - 1.3 A&H expense percent excluding cost containment expenses ..... 9.4 %
  
- 2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date ..... \$.....
- 2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date ..... \$.....
  
- 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]
- 3.1 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 [ ]

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
<b>NONE</b>									

STATEMENT AS OF MARCH 31, 2025 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - 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	200,511,268						200,511,268	
2. Alaska	AK	L						0		
3. Arizona	AZ	L						0		
4. Arkansas	AR	L	3,646,324					3,646,324		
5. California	CA	N						0		
6. Colorado	CO	L	11,103,212					11,103,212		
7. Connecticut	CT	L	6,557,371					6,557,371		
8. Delaware	DE	L	3,879,737					3,879,737		
9. District of Columbia	DC	L	1,907,809					1,907,809		
10. Florida	FL	L	2,497,829					2,497,829		
11. Georgia	GA	L	139,407,278					139,407,278		
12. Hawaii	HI	L						0		
13. Idaho	ID	L						0		
14. Illinois	IL	L	95,458,769					95,458,769		
15. Indiana	IN	L						0		
16. Iowa	IA	L						0		
17. Kansas	KS	L						0		
18. Kentucky	KY	L						0		
19. Louisiana	LA	L						0		
20. Maine	ME	L	1,129,304					1,129,304		
21. Maryland	MD	L	1,791,723					1,791,723		
22. Massachusetts	MA	L						0		
23. Michigan	MI	L						0		
24. Minnesota	MN	L						0		
25. Mississippi	MS	L	54,160,965					54,160,965		
26. Missouri	MO	L	6,870,400					6,870,400		
27. Montana	MT	L						0		
28. Nebraska	NE	L						0		
29. Nevada	NV	L	6,615,594					6,615,594		
30. New Hampshire	NH	L						0		
31. New Jersey	NJ	L	18,875,947					18,875,947		
32. New Mexico	NM	L						0		
33. New York	NY	L	78,939,163					78,939,163		
34. North Carolina	NC	L	3,826,864					3,826,864		
35. North Dakota	ND	L						0		
36. Ohio	OH	L	2,511,037					2,511,037		
37. Oklahoma	OK	L						0		
38. Oregon	OR	L	6,600,655					6,600,655		
39. Pennsylvania	PA	L	12,699,704					12,699,704		
40. Rhode Island	RI	L						0		
41. South Carolina	SC	L	41,870,302					41,870,302		
42. South Dakota	SD	L						0		
43. Tennessee	TN	L	360,268,253					360,268,253		
44. Texas	TX	L	6,168,222	878,265,032	(558,639)			883,874,615		
45. Utah	UT	L	9,233,979					9,233,979		
46. Vermont	VT	L	3,691,188					3,691,188		
47. Virginia	VA	L	12,723,215					12,723,215		
48. Washington	WA	L	749,892					749,892		
49. West Virginia	WV	L						0		
50. Wisconsin	WI	L						0		
51. Wyoming	WY	L						0		
52. American Samoa	AS	N						0		
53. Guam	GU	N						0		
54. Puerto Rico	PR	N						0		
55. U.S. Virgin Islands	VI	N						0		
56. Northern Mariana Islands	MP	N						0		
57. Canada	CAN	N						0		
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	6,168,222	1,965,792,814	(558,639)	0	0	0	1,971,402,397	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX							0		
61. Totals (Direct Business)	XXX	6,168,222	1,965,792,814	(558,639)	0	0	0	1,971,402,397	0	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
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

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

### MEMBERS OF A HOLDING COMPANY GROUP

#### PART 1 - ORGANIZATIONAL CHART

COMPANY	NAIC CODE	FEDERAL ID NUMBERS	DOMICILED STATE	PERCENTAGE OWNED BY PARENT
HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	70670	36-1236610	IL	
DEARBORN LIFE INSURANCE COMPANY	71129	36-2598882	IL	100.00%
DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	85090	22-3026145	NY	100.00%
DENTAL NETWORK OF AMERICA, LLC		36-3339483	DE	100.00%
DENTEMAX, LLC		38-2612298	DE	100.00%
DENTAL SOLUTIONS, INC.		20-1067299	MI	100.00%
HCSC PURCHASING, LLC		36-4186601	DE	100.00%
HCSC INSURANCE SERVICES COMPANY	78611	73-1350270	IL	100.00%
PRIME THERAPEUTICS LLC		26-0076803	DE	38.98%
AVAILITY, LLC		59-3715944	DE	19.51%
CAREALLIES, INC.		26-0180898	DE	100.00%
CAREALLIES ACCOUNTABLE CARE COLLABORATIVE, LLC		85-0954556	DE	100.00%
CAREALLIES ACCOUNTABLE CARE SOLUTIONS, LLC		87-1813801	DE	100.00%
CAPITAL GROUP FOR BETTER HEALTH, LLC		88-4112374	DE	51.00%
COLLECTIVEHEALTH, INC.		46-3985383	DE	14.49%
GHS INSURANCE COMPANY	29718	73-1507369	OK	100.00%
GHS GENERAL INSURANCE AGENCY, INC.		73-1514691	OK	100.00%
GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUELINCS HMO	11814	73-1191843	OK	100.00%
MEDECISION, INC.		23-2530889	PA	100.00%
CMH TECHNOLOGY SUBSIDIARY, LLC		82-4418148	DE	100.00%
GSI HEALTH, LLC		80-0849331	PA	100.00%
HEALTH INTELLIGENCE COMPANY LLC D/B/A BLUE HEALTH INTELLIGENCE		27-4269034	DE	10.64%
INNOVISTA, LLC		30-0802612	DE	100.00%
ESSENTIAL HEALTH PARTNERS, LLC		83-3093990	IL	40.00%
GENOVISTA HEALTH, LLC		83-4283301	TX	49.00%
INNOVISTA HEALTH PARTNERS, LLC		99-4379181	TX	100.00%
INNOVISTA MEDICAL CENTER TEXAS, LLC D/B/A INNOVISTA MEDICAL CENTER		83-4213500	TX	100.00%
SILVER CROSS MSO, LLC		85-3005773	IL	13.33%
SOLERA HEALTH, INC.		47-5298764	DE	28.75%
TRIWEST ALLIANCE INC.		86-0813402	DE	15.61%
HCSC VENTURES, INC.		37-1789176	DE	100.00%
ALACURA HOLDINGS, INC. <sup>1</sup>		83-2215567	DE	23.18%
AVALON HEALTH SERVICES, LLC D/B/A AVALON HEALTHCARE SOLUTIONS		46-3019902	DE	18.04%
BLUECROSS BLUESHIELD VENTURES, INC.		26-2930757	DE	21.55%
BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.		26-2936839	DE	1.00%
BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.		26-2936839	DE	21.34%
COGITATIVO, INC.		47-1692551	DE	11.88%
HCSC ITC, LLC		82-1682951	DE	100.00%

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

### MEMBERS OF A HOLDING COMPANY GROUP

#### PART 1 - ORGANIZATIONAL CHART

HEALTHBOX CHICAGO III LLC		47-0970280	DE	36.27%
HCSC INVESTMENTS, LLC		87-4386908	DE	100.00%
ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	16013	61-1782332	IL	100.00%
505 INSURANCE COMPANY	16359	38-3984430	NM	100.00%
TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	15941	36-4836697	TX	100.00%
SOUTH WATER INSURANCE COMPANY		84-2710924	UT	100.00%
LUMINARE HEALTH BENEFITS, INC.		35-1846036	DE	100.00%
HCSC MEDICARE HOLDINGS INC.		99-1184798	DE	100.00%
HCSC MEDICARE INC.		99-1194574	DE	100.00%
CERES SALES OF OHIO, LLC		34-1970892	OH	100.00%
CIGNA HEALTHCARE OF COLORADO, INC.	95604	84-1004500	CO	100.00%
CIGNA NATIONAL HEALTH INSURANCE COMPANY	61727	34-0970995	OH	100.00%
PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	67903	23-1335885	OH	100.00%
CIGNA INSURANCE COMPANY	65263	75-2305400	OH	100.00%
HEALTHSPRING, INC.		20-1821898	DE	100.00%
NEWQUEST, LLC		76-0628370	TX	100.00%
HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	12902	20-8534298	IL	100.00%
HEALTHSPRING MANAGEMENT OF AMERICA, LLC		20-8647386	DE	100.00%
HEALTHSPRING OF FLORIDA, INC.	11532	65-1129599	FL	100.00%
HEALTHSPRING USA, LLC		72-1559530	TN	100.00%
HOUQUEST, LLC		75-3108521	DE	100.00%
GULFQUEST, LP		76-0657035	TX	99.00%
NEWQUEST MANAGEMENT NORTHEAST, LLC		52-1929677	DE	100.00%
BRAVO HEALTH PENNSYLVANIA, INC.	11524	52-2363406	PA	100.00%
BRAVO HEALTH MID-ATLANTIC, INC.	10095	52-2259087	MD	100.00%
NEWQUEST MANAGEMENT ALABAMA, LLC		33-1033586	AL	100.00%
NEWQUEST MANAGEMENT OF FLORIDA, LLC		20-4954206	FL	100.00%
NEWQUEST MANAGEMENT OF ILLINOIS, LLC		77-0632665	IL	100.00%
TENNESSEE QUEST, LLC		20-5524622	TN	100.00%
TEXQUEST, LLC		75-3108527	DE	100.00%
GULFQUEST, LP		76-0657035	TX	1.00%
LOYAL AMERICAN LIFE INSURANCE COMPANY	65722	63-0343428	OH	100.00%
AMERICAN RETIREMENT LIFE INSURANCE COMPANY	88366	59-2760189	OH	100.00%
MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK	34720	13-3506395	NY	100.00%
MEDCO CONTAINMENT LIFE INSURANCE COMPANY	63762	42-1425239	PA	100.00%
STERLING LIFE INSURANCE COMPANY	77399	13-1867829	IL	100.00%
CIVICASCRIP, LLC		84-4777602	DE	0.00%
CARING FOR CHILDREN FOUNDATION OF TEXAS, INC.		75-2393811	TX	0.00%
THE OKLAHOMA CARING FOUNDATION, INC.		73-1470846	OK	0.00%
THE CARING FOUNDATION OF MONTANA, INC.		35-2613131	MT	0.00%
PLANITES CREDIT UNION		36-6057472	IL	0.00%
LIFETIME FEDERAL CREDIT UNION		75-6020171	TX	0.00%

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**  
**MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

<sup>1</sup>Includes 2.78% passive investment through private equity funds.

STATEMENT AS OF MARCH 31, 2025 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SCHEDULE Y**  
**PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
. 0917	HCSC GROUP	70670	36-1236610		0000350793		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	IL	UIP			0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
. 0917	HCSC GROUP	71129	36-2598882	003857522			DEARBORN LIFE INSURANCE COMPANY	IL	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
. 0917	HCSC GROUP	85090	22-3026145				DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	NY	IA	DEARBORN LIFE INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	36-3339483				DENTAL NETWORK OF AMERICA, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	36-3339483				DENTAL NETWORK OF AMERICA, LLC	DE	NIA	DEARBORN LIFE INSURANCE COMPANY	Board of Directors, Management	0.000	MUTUAL LEGAL RESERVE COMPANY	NO	0000001
		00000	38-2612298				DENTEMAX, LLC	DE	NIA	DENTAL NETWORK OF AMERICA, LLC	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-1067299				DENTAL SOLUTIONS, INC.	MI	NIA	DENTEMAX, LLC	Ownership, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	0000002
		00000	36-4186601				HCSC PURCHASING, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
. 0917	HCSC GROUP	78611	73-1350270				HCSC INSURANCE SERVICES COMPANY	IL	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	26-0076803				PRIME THERAPEUTICS LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	39.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	59-3715944				AVAILITY, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	19.500	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	26-0180898				CAREALLIES, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	85-0954556				CAREALLIES ACCOUNTABLE CARE COLLABORATIVE, LLC	DE	NIA	CAREALLIES, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	87-1813801				CAREALLIES ACCOUNTABLE CARE SOLUTIONS, LLC	DE	NIA	CAREALLIES, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	88-4112374				CAPITAL GROUP FOR BETTER HEALTH, LLC	DE	NIA	CAREALLIES, INC.	Ownership	51.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	46-3985383				COLLECTIVEHEALTH, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	14.500	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
. 0917	HCSC GROUP	29718	73-1507369				GHS INSURANCE COMPANY	OK	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	73-1514691				GHS GENERAL INSURANCE AGENCY, INC.	OK	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
. 0917	HCSC GROUP	11814	73-1191843				GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUELINGS HMO	OK	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	23-2530889		0001367705		MEDECISION, INC.	PA	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	82-4418148				CMH TECHNOLOGY SUBSIDIARY, LLC	DE	NIA	MEDECISION, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	80-0849331				GSI HEALTH, LLC	PA	NIA	MEDECISION, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	27-4269034		0001508432		HEALTH INTELLIGENCE COMPANY LLC D/B/A BLUE HEALTH INTELLIGENCE	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	10.600	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	30-0802612				INNOVISTA, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	83-3093990				ESSENTIAL HEALTH PARTNERS, LLC	IL	NIA	INNOVISTA, LLC	Ownership, Board of Directors	40.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	83-4283301				GENOVISTA HEALTH, LLC	TX	NIA	INNOVISTA, LLC	Ownership, Board of Directors	49.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	

STATEMENT AS OF MARCH 31, 2025 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SCHEDULE Y**  
**PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM**

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		00000	99-4379181				INNOVISTA HEALTH PARTNERS, LLC	TX	NIA	INNOVISTA, LLC	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	83-4213500				INNOVISTA MEDICAL CENTER TEXAS, LLC D/B/A INNOVISTA MEDICAL CENTER	TX	NIA	INNOVISTA, LLC	Ownership, Board of Directors	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	85-3005773				SILVER CROSS MSO, LLC	IL	NIA	INNOVISTA, LLC	Ownership, Board of Directors	13.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	47-5298764				SOLERA HEALTH, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	28.800	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	86-0813402				TRIWEST ALLIANCE, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	15.600	MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	37-1789176				HCSC VENTURES, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	83-2215567				ALACURA HOLDINGS, INC.	DE	NIA	HCSC VENTURES, INC.	Ownership, Board of Directors	23.200	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000007
		00000	46-3019902				AVALON HEALTH SERVICES, LLC D/B/A AVALON HEALTHCARE SOLUTIONS	DE	NIA	HCSC VENTURES, INC.	Ownership, Board of Directors	18.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	26-2930757		0001439779		BLUECROSS BLUESHIELD VENTURES, INC.	DE	NIA	HCSC VENTURES, INC.	Ownership, Board of Directors	21.600	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	26-2936839		0001439778		BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.	DE	NIA	BLUECROSS BLUESHIELD VENTURES, INC.	Ownership, Management	1.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
		00000	26-2936839		0001439778		BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.	DE	NIA	HCSC VENTURES, INC.	Ownership, Board of Directors	21.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
		00000	47-1692551				COGITATIVO, INC	DE	NIA	HCSC VENTURES, INC.	Ownership, Board of Directors	11.900	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	82-1682951				HCSC ITC, LLC	DE	NIA	HCSC VENTURES, INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	47-0970280		0001612123		HEALTHBOX CHICAGO III LLC	DE	NIA	HCSC VENTURES, INC.	Ownership	36.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	87-4386908				HCSC INVESTMENTS, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	16013	61-1782332				ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	IL	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	16359	38-3984430				505 INSURANCE COMPANY	NM	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	15941	36-4836697				TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	TX	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	84-2710924				SOUTH WATER INSURANCE COMPANY	UT	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	0000004
		00000	35-1846036				LUMINARE HEALTH BENEFITS, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	99-1184798				HCSC MEDICARE HOLDINGS INC.	DE	UIP	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	99-1194574				HCSC MEDICARE INC.	DE	UIP	HCSC MEDICARE HOLDINGS INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	34-1970892				CERES SALES OF OHIO, LLC	OH	NIA	HCSC MEDICARE INC.	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	95604	84-1004500				CIGNA HEALTHCARE OF COLORADO, INC.	CO	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	61727	34-0970995				CIGNA NATIONAL HEALTH INSURANCE COMPANY	OH	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	67903	23-1335885				PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	OH	IA	CIGNA NATIONAL HEALTH INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	

STATEMENT AS OF MARCH 31, 2025 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SCHEDULE Y**  
**PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM**

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.0917	HCSC GROUP	65269	75-2305400				CIGNA INSURANCE COMPANY	..OH	..IA	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
		00000	20-1821898				HEALTHSPRING, INC.	..DE	..UIP	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
		00000	76-0628370				NEWQUEST, LLC	..TX	..UDP	HEALTHSPRING, INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
.0917	HCSC GROUP	12902	20-8534298				HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	..IL	..RE	NEWQUEST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
		00000	20-8647386				HEALTHSPRING MANAGEMENT OF AMERICA, LLC	..DE	..NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
.0917	HCSC GROUP	11532	65-1129599				HEALTHSPRING OF FLORIDA, INC.	..FL	..IA	NEWQUEST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
		00000	72-1559530				HEALTHSPRING USA, LLC	..TN	..NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
		00000	75-3108521				HOUQUEST, LLC	..DE	..NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
		00000	76-0657035				GULFQUEST, LP	..TX	..NIA	HOUQUEST, LLC	Ownership, Management	99.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	0000003
		00000	52-1929677				NEWQUEST MANAGEMENT NORTHEAST, LLC	..DE	..NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
.0917	HCSC GROUP	11524	52-2363406				BRAVO HEALTH PENNSYLVANIA, INC.	..PA	..IA	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
.0917	HCSC GROUP	10095	52-2259087				BRAVO HEALTH MID-ATLANTIC, INC.	..MD	..IA	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
		00000	33-1033586				NEWQUEST MANAGEMENT ALABAMA, LLC	..AL	..NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
		00000	20-4954206				NEWQUEST MANAGEMENT OF FLORIDA, LLC	..FL	..NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
		00000	77-0632665				NEWQUEST MANAGEMENT OF ILLINOIS, LLC	..IL	..NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
		00000	20-5524622				TENNESSEE QUEST, LLC	..TN	..NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
		00000	75-3108527				TEXQUEST, LLC	..DE	..NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
		00000	76-0657035				GULFQUEST, LP	..TX	..NIA	TEXQUEST, LLC	Ownership, Management	1.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	0000003
.0917	HCSC GROUP	65722	63-0343428				LOYAL AMERICAN LIFE INSURANCE COMPANY	..OH	..IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
.0917	HCSC GROUP	88366	59-2760189				AMERICAN RETIREMENT LIFE INSURANCE COMPANY	..OH	..IA	LOYAL AMERICAN LIFE INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
.0917	HCSC GROUP	34720	13-3506395				MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK	..NY	..IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
.0917	HCSC GROUP	63762	42-1425239				MEDCO CONTAINMENT LIFE INSURANCE COMPANY	..PA	..IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
.0917	HCSC GROUP	77399	13-1867829				STERLING LIFE INSURANCE COMPANY	..IL	..IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	
		00000	84-4777602				CIVICASRIPT, LLC	..DE	..OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	0000008
		00000	75-2393811				CARING FOR CHILDREN FOUNDATION OF TEXAS, INC.	..TX	..OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	0000004
		00000	35-2613131				THE CARING FOUNDATION OF MONTANA, INC.	..MT	..OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	..NO	0000004

STATEMENT AS OF MARCH 31, 2025 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SCHEDULE Y**  
**PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM**

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.....	.....	..... 00000 .....	73-1470846 ..	.....	.....	.....	THE OKLAHOMA CARING FOUNDATION, INC. ....	.. OK.....	..... OTH.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	Board of Directors, Management .....	.. 0.000 .....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.... NO.....	0000005 .
.....	.....	..... 00000 .....	36-6057472 ..	.....	.....	.....	PLANITES CREDIT UNION .....	.. IL.....	..... OTH.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	Board of Directors, Management .....	.. 0.000 .....	MUTUAL LEGAL RESERVE COMPANY .....	.... NO.....	0000006 .
.....	.....	..... 00000 .....	75-6020171 ..	.....	.....	.....	LIFETIME FEDERAL CREDIT UNION .....	.. TX.....	..... OTH.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	Board of Directors, Management .....	.. 0.000 .....	MUTUAL LEGAL RESERVE COMPANY .....	.... NO.....	0000006 .

Asterisk	Explanation
0000001 .....	Except in this case, Column 11 includes only those entities with an ownership interest in a corresponding downstream subsidiary (DS) listed in Column 8 .....
0000002 .....	Ownership (shell company) .....
0000003 .....	Reflect direct ownership percentages only .....
0000004 .....	Majority of the directors are employees or directors of HCSC .....
0000005 .....	6 of 10 directors are employees of HCSC, all officers are HCSC employees, and HCSC provides support and staffing .....
0000006 .....	All members and directors are current or former HCSC and affiliate employees and their families, and HCSC provides support .....
0000007 .....	Includes 2.78% passive investment through private equity funds .....
0000008 .....	HCSC controls 1 of 10 board seats .....

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....	YES

**AUGUST FILING**

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. ....	N/A
--	-----

Explanation:

Bar Code:

**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

STATEMENT AS OF MARCH 31, 2025 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SCHEDULE A - VERIFICATION**

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10)		

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	0	78,920,021
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....	0	
2.2 Additional investment made after acquisition .....	0	
3. Capitalized deferred interest and other .....	0	0
4. Accrual of discount .....	0	0
5. Unrealized valuation increase/(decrease) .....	0	0
6. Total gain (loss) on disposals .....	0	(6,661,588)
7. Deduct amounts received on disposals .....	0	72,258,433
8. Deduct amortization of premium and mortgage interest points and commitment fees .....	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....	0	0
10. Deduct current year's other than temporary impairment recognized .....	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Total valuation allowance .....	0	
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	3,129,021	2,159,746
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....	0	3,134,220
2.2 Additional investment made after acquisition .....	0	0
3. Capitalized deferred interest and other .....	0	0
4. Accrual of discount .....	0	0
5. Unrealized valuation increase/(decrease) .....	0	0
6. Total gain (loss) on disposals .....	0	(19)
7. Deduct amounts received on disposals .....	0	2,159,728
8. Deduct amortization of premium, depreciation and proportional amortization .....	2,969	5,198
9. Total foreign exchange change in book/adjusted carrying value .....	0	0
10. Deduct current year's other than temporary impairment recognized .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	3,126,052	3,129,021
12. Deduct total nonadmitted amounts .....	0	
13. Statement value at end of current period (Line 11 minus Line 12)	3,126,052	3,129,021

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	666,195,795	681,129,227
2. Cost of bonds and stocks acquired .....	401,222,098	264,639,727
3. Accrual of discount .....	442,828	1,201,874
4. Unrealized valuation increase/(decrease) .....	390,418	4,353,601
5. Total gain (loss) on disposals .....	416,353	(3,230,795)
6. Deduct consideration for bonds and stocks disposed of .....	19,191,495	248,278,466
7. Deduct amortization of premium .....	160,587	321,949
8. Total foreign exchange change in book/adjusted carrying value .....	0	
9. Deduct current year's other than temporary impairment recognized .....	0	33,305,027
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	39,335	7,603
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	1,049,354,745	666,195,795
12. Deduct total nonadmitted amounts .....	0	
13. Statement value at end of current period (Line 11 minus Line 12)	1,049,354,745	666,195,795

STATEMENT AS OF MARCH 31, 2025 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>ISSUER CREDIT OBLIGATIONS (ICO)</b>								
1. NAIC 1 (a) .....	221,247,572	3,262,182,873	2,922,592,274	85,070,329	645,908,500	0	0	221,247,572
2. NAIC 2 (a) .....	478,193,441	0	2,363	(80,563,814)	397,627,264	0	0	478,193,441
3. NAIC 3 (a) .....	13,386,235	0	8,280,927	(2,288,366)	2,816,941	0	0	13,386,235
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	0
5. NAIC 5 (a) .....	677,188	0	2,666,124	4,867,638	2,878,702	0	0	677,188
6. NAIC 6 (a) .....	2,648,852	0	0	(2,648,852)	0	0	0	2,648,852
7. Total ICO	716,153,288	3,262,182,873	2,933,541,688	4,436,934	1,049,231,408	0	0	716,153,288
<b>ASSET-BACKED SECURITIES (ABS)</b>								
8. NAIC 1 .....	130,346	0	7,102	91	123,335	0	0	130,346
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total ABS	130,346	0	7,102	91	123,335	0	0	130,346
<b>PREFERRED STOCK</b>								
15. NAIC 1 .....	0	0	0	0	0	0	0	0
16. NAIC 2 .....	0	0	0	0	0	0	0	0
17. NAIC 3 .....	0	0	0	0	0	0	0	0
18. NAIC 4 .....	0	0	0	0	0	0	0	0
19. NAIC 5 .....	0	0	0	0	0	0	0	0
20. NAIC 6 .....	0	0	0	0	0	0	0	0
21. Total Preferred Stock	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	716,283,634	3,262,182,873	2,933,548,790	4,437,025	1,049,354,743	0	0	716,283,634

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ .....0 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 ; NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

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Schedule DA - Part 1 - Short-Term Investments

**N O N E**

Schedule DA - Verification - Short-Term Investments

**N O N E**

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**N O N E**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	741,587,841	.....
2. Cost of cash equivalents acquired .....	5,020,598,166	7,795,436,924
3. Accrual of discount .....	3,764,366	3,462,917
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	195	0
6. Deduct consideration received on disposals .....	5,140,858,843	7,057,312,000
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	625,091,725	741,587,841
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	625,091,725	741,587,841

Schedule A - Part 2 - Real Estate Acquired and Additions Made

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**N O N E**

STATEMENT AS OF MARCH 31, 2025 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
91282C-MC-2	UNITED STATES TREASURY	01/29/2025	Unknown		89,965,952	90,000,000	324,448	1.A
91282C-MD-0	UNITED STATES TREASURY	01/29/2025	Unknown		89,788,577	90,000,000	315,435	1.A
91282C-MG-3	UNITED STATES TREASURY	02/13/2025	Unknown		109,302,555	110,000,000	89,814	1.A
91282C-MK-4	UNITED STATES TREASURY	02/13/2025	Unknown		109,322,618	110,000,000	92,455	1.A
0019999999. Subtotal - Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)					398,379,703	400,000,000	822,151	XXX
05501W-AE-2	AZUL SECURED FINANCE LLP	01/28/2025	Unknown		1,419,214	2,866,224	0	5.C FE
05501W-AF-9	AZUL SECURED FINANCE LLP	01/28/2025	Unknown		837,792	1,781,282	0	5.C FE
05501W-AG-7	AZUL SECURED FINANCE LLP	02/28/2025	Unknown		585,389	585,389	0	5.A FE
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					2,842,395	5,232,895	0	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					401,222,098	405,232,895	822,151	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)					0	0	0	XXX
0509999997. Total - Issuer Credit Obligations - Part 3					401,222,098	405,232,895	822,151	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					401,222,098	405,232,895	822,151	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)					0	0	0	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)					0	0	0	XXX
1909999997. Total - Asset-Backed Securities - Part 3					0	0	0	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities					0	0	0	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					401,222,098	405,232,895	822,151	XXX
4509999997. Total - Preferred Stocks - Part 3					0	XXX	0	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					0	XXX	0	XXX
5989999997. Total - Common Stocks - Part 3					0	XXX	0	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					0	XXX	0	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX	0	XXX
6009999999 - Totals					401,222,098	XXX	822,151	XXX

STATEMENT AS OF MARCH 31, 2025 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21	
									10	11	12	13	14								
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	
..00216D-AA-9	ATP TOWER HOLDINGS LLC .....	02/03/2025	Adjustment .....		8,467,205	8,513,000	7,849,488	8,080,448	183,836	16,644	0	200,479	0	8,280,927	0	146,943	146,943	170,611	04/27/2026	3.C FE	
..05330K-AA-3	AUTOPISTAS METROPOLITANAS DE PUERTO RICO .....	03/31/2025	Paydown .....		2,363	2,361	2,296	2,309	0	53	0	53	0	2,363	0	0	0	0	06/30/2035	2.C FE	
..05501W-AA-0	11.5000% 05-28-29 .....	01/28/2025	Unknown .....		1,812,341	2,893,958	1,624,233	1,624,233	1	12,109	0	12,110	0	1,636,343	0	175,998	175,998	138,669	05/28/2029	5.B FE	
..05501W-AB-8	AZUL SECURED FINANCE LLP .....	01/28/2025	Unknown .....		1,123,194	1,797,578	1,024,619	1,024,619	0	5,162	0	5,162	0	1,029,781	0	93,412	93,412	32,581	05/28/2030	5.B FE	
..25470D-AK-5	DISCOVERY COMMUNICATIONS LLC .....	03/15/2025	Maturity @ 100.00 .....		1,000,000	1,000,000	987,390	999,617	0	383	0	383	0	1,000,000	0	0	0	17,250	03/15/2025	2.C FE	
..682680-BQ-5	ONEOK INC .....	03/15/2025	Maturity @ 100.00 .....		2,133,000	2,133,000	2,111,947	2,128,617	0	4,383	0	4,383	0	2,133,000	0	0	0	34,128	03/15/2025	2.B FE	
..709599-AZ-7	PENSKE TRUCK LEASING CO LP .....	03/10/2025	Maturity @ 100.00 .....		2,500,000	2,500,000	2,490,300	2,499,463	0	537	0	537	0	2,500,000	0	0	0	49,375	03/10/2025	2.B FE	
..74834L-AX-8	QUEST DIAGNOSTICS INC .....	03/30/2025	Maturity @ 100.00 .....		2,000,000	2,000,000	1,982,860	1,999,300	0	700	0	700	0	2,000,000	0	0	0	35,000	03/30/2025	2.A FE	
..75405U-AD-8	QATARENERGY LNG S3 .....	03/31/2025	Paydown .....		119,475	119,475	129,952	121,026	0	(1,551)	0	(1,551)	0	119,475	0	0	0	3,783	09/30/2027	1.D FE	
..92966*-AG-4	Wabash Valley Power Assoc .....	01/31/2025	Paydown .....		26,816	26,816	33,404	28,224	0	(1,409)	0	(1,409)	0	26,816	0	0	0	0	01/31/2028	1.F Z	
<b>008999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)</b>					19,184,393	20,986,188	18,236,492	18,507,857	183,837	37,011	0	220,848	0	18,728,705	0	416,353	416,353	481,396	XXX	XXX	
..84859M-AA-5	SPIRIT AIRLINES CLASS B PASS THROUGH CER .....	02/15/2025	Various .....		0	30,303	29,583	24,587	5,541	(30,128)	0	(24,587)	0	0	0	0	0	576	08/15/2027	5.A FE	
<b>012999999. Subtotal - Issuer Credit Obligations - Single Entity Backed Obligations (Unaffiliated)</b>					0	30,303	29,583	24,587	5,541	(30,128)	0	(24,587)	0	0	0	0	0	0	576	XXX	XXX
<b>048999999. Total - Issuer Credit Obligations (Unaffiliated)</b>					19,184,393	21,016,491	18,266,076	18,532,444	189,378	6,883	0	196,261	0	18,728,705	0	416,353	416,353	481,972	XXX	XXX	
<b>049999999. Total - Issuer Credit Obligations (Affiliated)</b>					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
<b>050999999. Total - Issuer Credit Obligations - Part 4</b>					19,184,393	21,016,491	18,266,076	18,532,444	189,378	6,883	0	196,261	0	18,728,705	0	416,353	416,353	481,972	XXX	XXX	
<b>050999998. Total - Issuer Credit Obligations - Part 5</b>					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>050999999. Total - Issuer Credit Obligations</b>					19,184,393	21,016,491	18,266,076	18,532,444	189,378	6,883	0	196,261	0	18,728,705	0	416,353	416,353	481,972	XXX	XXX	
..36230R-V7-8	GN 756938 - RMBS .....	03/01/2025	Paydown .....		362	376	376	376	0	4	0	4	0	376	0	0	0	0	11/15/2040	1.A	
..36295Q-LB-4	GN 677222 - RMBS .....	03/01/2025	Paydown .....		90	87	90	89	0	1	0	1	0	90	0	0	0	0	08/15/2038	1.A	
..38374M-X5-3	GNR 2006-017 KN - CMO/RMBS .....	03/01/2025	Paydown .....		599	563	599	579	0	20	0	20	0	599	0	0	0	0	04/20/2036	1.A	
<b>101999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Guaranteed (Exempt from RBC)</b>					1,065	1,012	1,065	1,040	0	25	0	25	0	1,065	0	0	0	0	0	XXX	XXX
..31280J-MV-5	FH 630372 - RMBS .....	03/01/2025	Paydown .....		255	241	255	248	0	7	0	7	0	255	0	0	0	0	09/01/2027	1.A	
..31280M-MB-8	FH 604583 - RMBS .....	03/01/2025	Paydown .....		124	115	124	122	0	2	0	2	0	124	0	0	0	0	08/01/2038	1.A	
..31371N-SN-6	FN 257125 - RMBS .....	03/01/2025	Paydown .....		515	477	515	489	0	26	0	26	0	515	0	0	0	0	03/01/2028	1.A	
..31371A-DM-2	FHR 3707 CA - CMO/RMBS .....	03/01/2025	Paydown .....		143	133	143	133	0	10	0	10	0	143	0	0	0	0	07/15/2040	1.A	
..31394P-PQ-0	FSPC T059 1A1 - CMO/RMBS .....	03/01/2025	Paydown .....		112	172	175	174	0	(62)	0	(62)	0	112	0	0	0	0	10/25/2043	1.A	
..31395W-NJ-2	FHR 3002E YD - CMO/RMBS .....	03/01/2025	Paydown .....		226	216	226	217	0	9	0	9	0	226	0	0	0	0	07/15/2025	1.A	
..31397B-GR-7	FHR 3211 MH - CMO/RMBS .....	03/01/2025	Paydown .....		1,064	996	1,064	1,009	0	54	0	54	0	1,064	0	0	0	0	09/15/2026	1.A	
..31402R-RN-1	FN 735893 - RMBS .....	03/01/2025	Paydown .....		2,320	2,175	2,320	2,264	0	56	0	56	0	2,320	0	0	0	0	10/01/2035	1.A	
..31417Y-DV-6	FN MA0115 - RMBS .....	03/01/2025	Paydown .....		1,004	952	1,004	970	0	34	0	34	0	1,004	0	0	0	0	07/01/2029	1.A	
..31417Y-RC-3	FN MA0482 - RMBS .....	03/01/2025	Paydown .....		274	261	274	262	0	12	0	12	0	274	0	0	0	0	08/01/2025	1.A	
<b>103999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC)</b>					6,037	5,739	6,100	5,888	0	148	0	148	0	6,037	0	0	0	0	0	XXX	XXX
<b>188999999. Total - Asset-Backed Securities (Unaffiliated)</b>					7,102	6,751	7,165	6,928	0	174	0	174	0	7,102	0	0	0	0	0	XXX	XXX
<b>189999999. Total - Asset-Backed Securities (Affiliated)</b>					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
<b>190999999. Total - Asset-Backed Securities - Part 4</b>					7,102	6,751	7,165	6,928	0	174	0	174	0	7,102	0	0	0	0	0	XXX	XXX
<b>190999998. Total - Asset-Backed Securities - Part 5</b>					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>190999999. Total - Asset-Backed Securities</b>					7,102	6,751	7,165	6,928	0	174	0	174	0	7,102	0	0	0	0	0	XXX	XXX
<b>200999999. Total - Issuer Credit Obligations and Asset-Backed Securities</b>					19,191,495	21,023,243	18,273,241	18,539,372	189,378	7,057	0	196,435	0	18,735,807	0	416,353	416,353	481,972	XXX	XXX	
<b>450999999. Total - Preferred Stocks - Part 4</b>					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
<b>450999998. Total - Preferred Stocks - Part 5</b>					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>450999999. Total - Preferred Stocks</b>					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
<b>598999999. Total - Common Stocks - Part 4</b>					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
<b>598999998. Total - Common Stocks - Part 5</b>					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>598999999. Total - Common Stocks</b>					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX

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STATEMENT AS OF MARCH 31, 2025 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consid- eration	7 Par Value	8 Actual Cost	9 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					15 Book/ Adjusted Carrying Value at Disposal Date	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Bond Interest/ Stock Dividends Received During Year	20 Stated Con- tractual Maturity Date	21 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol
									10 Unrealized Valuation Increase/ (Decrease)	11 Current Year's (Amor- tization)/ Accretion	12 Other Than Temporary Impairment Recog- nized	13 Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	14 Total Foreign Exchange Change in Book /Adjusted Carrying Value							
5999999999. Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6009999999 - Totals					19,191,495	XXX	18,273,241	18,539,372	189,378	7,057	0	196,435	0	18,735,807	0	416,353	416,353	481,972	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**



STATEMENT AS OF MARCH 31, 2025 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Restricted Asset Code	4 Date Acquired	5 Stated Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0489999999. Total - Issuer Credit Obligations (Unaffiliated)						0	0	0
0499999999. Total - Issuer Credit Obligations (Affiliated)						0	0	0
0509999999. Total - Issuer Credit Obligations						0	0	0
665278-40-4	NORTHERN INST:US GVT SHS		03/31/2025	4.090		625,091,726	528,819	0
8309999999. Subtotal - All Other Money Market Mutual Funds						625,091,726	528,819	0
8589999999. Total Cash Equivalents (Unaffiliated)						625,091,726	528,819	0
8599999999. Total Cash Equivalents (Affiliated)						0	0	0
8609999999 - Total Cash Equivalents						625,091,726	528,819	0



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2025 OF THE HealthSpring Life & Health Insurance Company, Inc.

## MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0917

NAIC Company Code 12902

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected .....		XXX		XXX	0
2. Earned Premiums .....		XXX		XXX	XXX
3. Claims Paid .....	(413,279)	XXX		XXX	(413,279)
4. Claims Incurred .....		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a) .....	XXX		XXX		0
6. Aggregate Policy Reserves - Change .....		XXX		XXX	XXX
7. Expenses Paid .....	0	XXX		XXX	0
8. Expenses Incurred .....		XXX		XXX	XXX
9. Underwriting Gain or Loss .....	0	XXX	0	XXX	XXX
10. Cash Flow Result .....	XXX	XXX	XXX	XXX	413,279

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ .....0 due from CMS or \$ ..... due to CMS