



HEALTH ANNUAL STATEMENT

AS OF DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

SilverScript Insurance Company

NAIC Group Code 0001 0001 NAIC Company Code 12575 Employer's ID Number 20-2833904
(Current) (Prior)

Organized under the Laws of Tennessee State of Domicile or Port of Entry TN

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 05/11/2005 Commenced Business 01/01/2006

Statutory Home Office 1021 Reams Fleming Boulevard Franklin, TN, US 37064
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1021 Reams Fleming Boulevard Franklin, TN, US 37064 615-807-7500
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1021 Reams Fleming Boulevard Franklin, TN, US 37064
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1021 Reams Fleming Boulevard Franklin, TN, US 37064 615-807-7500
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.silverscript.com

Statutory Statement Contact Xiaoqi Wang 401-770-9669
(Name) (Area Code) (Telephone Number)
Xiaoqi.Wang@CVSCaremark.com 401-733-0136
(E-mail Address) (FAX Number)

OFFICERS

President Glenn Howard Amnott # Controller Xiaoqi Wang
Vice President and Secretary Edward Chung-I Lee

OTHER

Derek Scott Blunt, Senior Investment Officer Jeffrey James Drzazgowski, Appointed Actuary Tracy Louise Smith, Vice President and Treasurer

DIRECTORS OR TRUSTEES

Glenn Howard Amnott # Peter Andrew Charles Robert Sean Healy
Tracy Louise Smith

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.

Glenn Howard Amnott
President

Edward Chung-I Lee
Vice President and Secretary

Xiaoqi Wang
Controller

State of..... New Hampshire
County of..... Merrimack
Subscribed and sworn to before me this
30th day of January, 2023

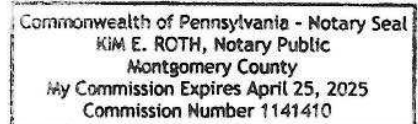
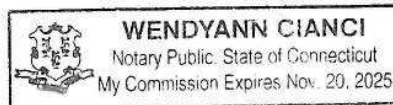
NOTARY PUBLIC (Seal)

State of..... Connecticut
County of..... Hartford
Subscribed and sworn to before me this
10th day of February, 2023

NOTARY PUBLIC (Seal)

State of..... Pennsylvania
County of..... Montgomery
Subscribed and sworn to before me this
8th day of February, 2023

NOTARY PUBLIC (Seal)



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

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	(6,195,932)	2,355,636,690	0	1,853,211	(6,195,932)	1,762,034
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....	299,351,149	2,683,980,105	(9,701,467)	399,227,515	289,649,682	319,725,506
7. Totals (Lines 1 through 6)	293,155,217	5,039,616,795	(9,701,467)	401,080,726	283,453,750	321,487,540

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

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	7,044	0.0	XXX	XXX	7,044	
6. Contractual fee payments	1,535,435,659	100.0	XXX	XXX	1,535,520,271	(84,612)
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	1,535,442,703	100.0	XXX	XXX	1,535,527,315	(84,612)
13. TOTAL (Line 4 plus Line 12)	1,535,442,703	100%	XXX	XXX	1,535,527,315	(84,612)

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned

N O N E



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Alabama		2022										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
		Comprehensive (Hospital & Medical)		Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total	Individual	Group	2												3
Total Members at end of:															
1. Prior Year	55,897	0	0	0	0	0	0	0	0	0			55,897		
2. First Quarter	55,511	0	0	0	0	0	0	0	0	0			55,511		
3. Second Quarter	54,811	0	0	0	0	0	0	0	0	0			54,811		
4. Third Quarter	54,598	0	0	0	0	0	0	0	0	0			54,598		
5. Current Year	54,377	0	0	0	0	0	0	0	0	0			54,377		
6. Current Year Member Months	658,946	0	0	0	0	0	0	0	0	0			658,946		
Total Member Ambulatory Encounters for Year:															
7. Physician	0	0	0	0	0	0	0	0	0	0					
8. Non-Physician	0	0	0	0	0	0	0	0	0	0					
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0					
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0					
12. Health Premiums Written (b)	21,465,329	0	0	0	0	0	0	0	0	0			21,465,329		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0					
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0					
15. Health Premiums Earned	25,956,355	0	0	0	0	0	0	0	0	0			25,956,355		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0					
17. Amount Paid for Provision of Health Care Services	19,625,740	0	0	0	0	0	0	0	0	0			19,625,740		
18. Amount Incurred for Provision of Health Care Services	18,892,762	0	0	0	0	0	0	0	0	0			18,892,762		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$21,465,329

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Alaska		2022										NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:															
1. Prior Year	2,143	0	0	0	0	0	0	0	0	0	0	0	0	2,143	
2. First Quarter	2,717	0	0	0	0	0	0	0	0	0	0	0	0	2,717	
3. Second Quarter	2,855	0	0	0	0	0	0	0	0	0	0	0	0	2,855	
4. Third Quarter	2,961	0	0	0	0	0	0	0	0	0	0	0	0	2,961	
5. Current Year	3,052	0	0	0	0	0	0	0	0	0	0	0	0	3,052	
6. Current Year Member Months	34,276	0	0	0	0	0	0	0	0	0	0	0	0	34,276	
Total Member Ambulatory Encounters for Year:															
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	913,814	0	0	0	0	0	0	0	0	0	0	0	0	913,814	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	950,196	0	0	0	0	0	0	0	0	0	0	0	0	950,196	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	697,078	0	0	0	0	0	0	0	0	0	0	0	0	697,078	
18. Amount Incurred for Provision of Health Care Services	639,268	0	0	0	0	0	0	0	0	0	0	0	0	639,268	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 913,814

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)											
		Arizona		2022										NAIC Company Code											
		1		4		5		6		7		8		9		10		11		12		13		14	
Comprehensive (Hospital & Medical)																									
2		3		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
Total		Individual		Group																					
Total Members at end of:																									
1. Prior Year		65,943		0		0		0		0		0		0		0		0		0		65,943		0	
2. First Quarter		82,326		0		0		0		0		0		0		0		0		0		82,326		0	
3. Second Quarter		83,525		0		0		0		0		0		0		0		0		0		83,525		0	
4. Third Quarter		85,015		0		0		0		0		0		0		0		0		0		85,015		0	
5. Current Year		86,201		0		0		0		0		0		0		0		0		0		86,201		0	
6. Current Year Member Months		1,005,609		0		0		0		0		0		0		0		0		0		1,005,609		0	
Total Member Ambulatory Encounters for Year:																									
7. Physician		0		0		0		0		0		0		0		0		0		0		0		0	
8. Non-Physician		0		0		0		0		0		0		0		0		0		0		0		0	
9. Total		0		0		0		0		0		0		0		0		0		0		0		0	
10. Hospital Patient Days Incurred		0		0		0		0		0		0		0		0		0		0		0		0	
11. Number of Inpatient Admissions		0		0		0		0		0		0		0		0		0		0		0		0	
12. Health Premiums Written (b)		25,749,568		0		0		0		0		0		0		0		0		0		25,749,568		0	
13. Life Premiums Direct		0		0		0		0		0		0		0		0		0		0		0		0	
14. Property/Casualty Premiums Written		0		0		0		0		0		0		0		0		0		0		0		0	
15. Health Premiums Earned		29,406,308		0		0		0		0		0		0		0		0		0		29,406,308		0	
16. Property/Casualty Premiums Earned		0		0		0		0		0		0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services		14,658,426		0		0		0		0		0		0		0		0		0		14,658,426		0	
18. Amount Incurred for Provision of Health Care Services		13,806,146		0		0		0		0		0		0		0		0		0		13,806,146		0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$25,749,568

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)											
		Arkansas		2022										NAIC Company Code											
		1		4		5		6		7		8		9		10		11		12		13		14	
Comprehensive (Hospital & Medical)																									
2		3		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
Total		Individual		Group																					
Total Members at end of:																									
1. Prior Year		77,315	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	77,315
2. First Quarter		76,522	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,522
3. Second Quarter		76,035	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,035
4. Third Quarter		76,016	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,016
5. Current Year		76,198	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,198
6. Current Year Member Months		914,457	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	914,457
Total Member Ambulatory Encounters for Year:																									
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		26,321,686	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	26,321,686
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		27,043,114	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	27,043,114
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		21,196,068	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,196,068
18. Amount Incurred for Provision of Health Care Services		20,424,906	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	20,424,906

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$26,321,686

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)														
		California		2022										NAIC Company Code														
		1		2		3		4		5		6		7		8		9		10		11		12		13		14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health						
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health		
Total Members at end of:																												
1. Prior Year		506,206	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	506,206
2. First Quarter		564,670	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	564,670
3. Second Quarter		565,578	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	565,578
4. Third Quarter		568,781	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	568,781
5. Current Year		573,122	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	573,122
6. Current Year Member Months		6,793,859	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,793,859
Total Member Ambulatory Encounters for Year:																												
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		229,852,267	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	229,852,267
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		197,441,530	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	197,441,530
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		222,478,256	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	222,478,256
18. Amount Incurred for Provision of Health Care Services		209,218,267	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	209,218,267

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$229,852,267

30.CA



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)															
		Colorado		2022										NAIC Company Code															
		1		2		3		4		5		6		7		8		9		10		11		12		13		14	
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health							
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health			
Total Members at end of:																													
1. Prior Year		46,614	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	46,614
2. First Quarter		46,182	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	46,182
3. Second Quarter		46,227	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	46,227
4. Third Quarter		46,799	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	46,799
5. Current Year		47,347	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47,347
6. Current Year Member Months		557,858	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	557,858
Total Member Ambulatory Encounters for Year:																													
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		17,192,328	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,192,328
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		18,852,614	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18,852,614
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		12,554,800	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12,554,800
18. Amount Incurred for Provision of Health Care Services		11,940,363	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,940,363

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 17,192,328

30.CO



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)														
		Connecticut		2022										NAIC Company Code														
		1		2		3		4		5		6		7		8		9		10		11		12		13		14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health						
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health		
Total Members at end of:																												
1. Prior Year		48,189	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	48,189
2. First Quarter		48,974	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	48,974
3. Second Quarter		48,495	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	48,495
4. Third Quarter		48,322	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	48,322
5. Current Year		48,432	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	48,432
6. Current Year Member Months		583,396	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	583,396
Total Member Ambulatory Encounters for Year:																												
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		22,925,764	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,925,764
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		24,113,967	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,113,967
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		18,327,860	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18,327,860
18. Amount Incurred for Provision of Health Care Services		17,819,607	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,819,607

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$22,925,764

30 CT



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Delaware		2022										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
		Comprehensive (Hospital & Medical)		Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total	Individual	Group	2												3
Total Members at end of:															
1. Prior Year	14,488	0	0	0	0	0	0	0	0	0			14,488		
2. First Quarter	15,513	0	0	0	0	0	0	0	0	0			15,513		
3. Second Quarter	15,652	0	0	0	0	0	0	0	0	0			15,652		
4. Third Quarter	15,921	0	0	0	0	0	0	0	0	0			15,921		
5. Current Year	16,180	0	0	0	0	0	0	0	0	0			16,180		
6. Current Year Member Months	188,961	0	0	0	0	0	0	0	0	0			188,961		
Total Member Ambulatory Encounters for Year:															
7. Physician	0	0	0	0	0	0	0	0	0	0					
8. Non-Physician	0	0	0	0	0	0	0	0	0	0					
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0					
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0					
12. Health Premiums Written (b)	6,509,165	0	0	0	0	0	0	0	0	0			6,509,165		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0					
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0					
15. Health Premiums Earned	6,108,863	0	0	0	0	0	0	0	0	0			6,108,863		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0					
17. Amount Paid for Provision of Health Care Services	4,773,026	0	0	0	0	0	0	0	0	0			4,773,026		
18. Amount Incurred for Provision of Health Care Services	4,493,820	0	0	0	0	0	0	0	0	0			4,493,820		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,509,165

30 DE



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		(LOCATION)										
		District of Columbia		NAIC Company Code 12575										
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
2 Individual	3 Group													
Total Members at end of:	Total													
1. Prior Year	5,860	0	0	0	0	0	0	0	0	0	0	0	0	5,860
2. First Quarter	6,530	0	0	0	0	0	0	0	0	0	0	0	0	6,530
3. Second Quarter	6,440	0	0	0	0	0	0	0	0	0	0	0	0	6,440
4. Third Quarter	6,472	0	0	0	0	0	0	0	0	0	0	0	0	6,472
5. Current Year	6,613	0	0	0	0	0	0	0	0	0	0	0	0	6,613
6. Current Year Member Months	78,003	0	0	0	0	0	0	0	0	0	0	0	0	78,003
Total Member Ambulatory Encounters for Year:														
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	4,104,040	0	0	0	0	0	0	0	0	0	0	0	0	4,104,040
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	3,129,227	0	0	0	0	0	0	0	0	0	0	0	0	3,129,227
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	2,549,073	0	0	0	0	0	0	0	0	0	0	0	0	2,549,073
18. Amount Incurred for Provision of Health Care Services	2,392,958	0	0	0	0	0	0	0	0	0	0	0	0	2,392,958

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,104,040

30.DC



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)															
		Florida		2022										NAIC Company Code															
		1		2		3		4		5		6		7		8		9		10		11		12		13		14	
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health							
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health			
Total Members at end of:																													
1. Prior Year		375,263	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	375,263
2. First Quarter		379,224	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	379,224
3. Second Quarter		378,773	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	378,773
4. Third Quarter		378,608	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	378,608
5. Current Year		378,958	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	378,958
6. Current Year Member Months		4,546,468	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,546,468
Total Member Ambulatory Encounters for Year:																													
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		213,064,357	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	213,064,357
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		196,750,552	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	196,750,552
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		133,393,337	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	133,393,337
18. Amount Incurred for Provision of Health Care Services		128,667,304	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	128,667,304

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$213,064,357

30.FL



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Georgia		2022										NAIC Company Code	
		12575		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior Year	149,155	0	0	0	0	0	0	0	0	0			149,155		
2. First Quarter	152,916	0	0	0	0	0	0	0	0	0			152,916		
3. Second Quarter	153,036	0	0	0	0	0	0	0	0	0			153,036		
4. Third Quarter	154,082	0	0	0	0	0	0	0	0	0			154,082		
5. Current Year	154,961	0	0	0	0	0	0	0	0	0			154,961		
6. Current Year Member Months	1,843,250	0	0	0	0	0	0	0	0	0			1,843,250		
Total Member Ambulatory Encounters for Year:															
7. Physician	0	0	0	0	0	0	0	0	0	0					
8. Non-Physician	0	0	0	0	0	0	0	0	0	0					
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0					
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0					
12. Health Premiums Written (b)	58,762,239	0	0	0	0	0	0	0	0	0			58,762,239		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0					
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0					
15. Health Premiums Earned	62,751,973	0	0	0	0	0	0	0	0	0			62,751,973		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0					
17. Amount Paid for Provision of Health Care Services	46,866,256	0	0	0	0	0	0	0	0	0			46,866,256		
18. Amount Incurred for Provision of Health Care Services	44,984,561	0	0	0	0	0	0	0	0	0			44,984,561		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 58,762,239

30.GA



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)													
		Hawaii		2022										NAIC Company Code													
		1		2		3		4		5		6		7		8		9		10		11		12		13		14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health					
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
Total Members at end of:																											
1. Prior Year		7,672		0		0		0		0		0		0		0		0		0		0		0		7,672	
2. First Quarter		7,158		0		0		0		0		0		0		0		0		0		0		0		7,158	
3. Second Quarter		7,090		0		0		0		0		0		0		0		0		0		0		0		7,090	
4. Third Quarter		7,036		0		0		0		0		0		0		0		0		0		0		0		7,036	
5. Current Year		7,006		0		0		0		0		0		0		0		0		0		0		0		7,006	
6. Current Year Member Months		85,028		0		0		0		0		0		0		0		0		0		0		0		85,028	
Total Member Ambulatory Encounters for Year:																											
7. Physician		0		0		0		0		0		0		0		0		0		0		0		0		0	
8. Non-Physician		0		0		0		0		0		0		0		0		0		0		0		0		0	
9. Total		0		0		0		0		0		0		0		0		0		0		0		0		0	
10. Hospital Patient Days Incurred		0		0		0		0		0		0		0		0		0		0		0		0		0	
11. Number of Inpatient Admissions		0		0		0		0		0		0		0		0		0		0		0		0		0	
12. Health Premiums Written (b)		2,231,446		0		0		0		0		0		0		0		0		0		0		0		2,231,446	
13. Life Premiums Direct		0		0		0		0		0		0		0		0		0		0		0		0		0	
14. Property/Casualty Premiums Written		0		0		0		0		0		0		0		0		0		0		0		0		0	
15. Health Premiums Earned		2,134,269		0		0		0		0		0		0		0		0		0		0		0		2,134,269	
16. Property/Casualty Premiums Earned		0		0		0		0		0		0		0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services		1,787,917		0		0		0		0		0		0		0		0		0		0		0		1,787,917	
18. Amount Incurred for Provision of Health Care Services		1,754,348		0		0		0		0		0		0		0		0		0		0		0		1,754,348	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,231,446

30.HI



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Idaho		2022										NAIC Company Code	
		1		11										12575	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
Total		2	3												Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:															
1. Prior Year	21,728	0	0	0	0	0	0	0	0	0	0	0	0	21,728	
2. First Quarter	23,807	0	0	0	0	0	0	0	0	0	0	0	0	23,807	
3. Second Quarter	23,968	0	0	0	0	0	0	0	0	0	0	0	0	23,968	
4. Third Quarter	24,359	0	0	0	0	0	0	0	0	0	0	0	0	24,359	
5. Current Year	24,760	0	0	0	0	0	0	0	0	0	0	0	0	24,760	
6. Current Year Member Months	289,270	0	0	0	0	0	0	0	0	0	0	0	0	289,270	
Total Member Ambulatory Encounters for Year:															
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	8,313,538	0	0	0	0	0	0	0	0	0	0	0	0	8,313,538	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	8,062,287	0	0	0	0	0	0	0	0	0	0	0	0	8,062,287	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	6,060,608	0	0	0	0	0	0	0	0	0	0	0	0	6,060,608	
18. Amount Incurred for Provision of Health Care Services	5,789,975	0	0	0	0	0	0	0	0	0	0	0	0	5,789,975	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$8,313,538

30.ID



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Illinois												(LOCATION)		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	DURING THE YEAR 2022	
		2	3												NAIC Company Code 12575	
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
Total Members at end of:																
1. Prior Year	173,008	0	0	0	0	0	0	0	0	0	0	0	0	173,008	0	
2. First Quarter	183,018	0	0	0	0	0	0	0	0	0	0	0	0	183,018	0	
3. Second Quarter	184,895	0	0	0	0	0	0	0	0	0	0	0	0	184,895	0	
4. Third Quarter	187,149	0	0	0	0	0	0	0	0	0	0	0	0	187,149	0	
5. Current Year	188,960	0	0	0	0	0	0	0	0	0	0	0	0	188,960	0	
6. Current Year Member Months	2,223,201	0	0	0	0	0	0	0	0	0	0	0	0	2,223,201	0	
Total Member Ambulatory Encounters for Year:																
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	59,572,659	0	0	0	0	0	0	0	0	0	0	0	0	59,572,659	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	62,680,891	0	0	0	0	0	0	0	0	0	0	0	0	62,680,891	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	47,274,742	0	0	0	0	0	0	0	0	0	0	0	0	47,274,742	0	
18. Amount Incurred for Provision of Health Care Services	45,675,634	0	0	0	0	0	0	0	0	0	0	0	0	45,675,634	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 59,572,659

30.1L



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Iowa		DURING THE YEAR 2022										(LOCATION)		
		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	NAIC Company Code	12575
		2 Individual	3 Group													
Total Members at end of:	Total	Individual	Group													
1. Prior Year	63,545	0	0	0	0	0	0	0	0	0	0	0	0	0	63,545	
2. First Quarter	70,428	0	0	0	0	0	0	0	0	0	0	0	0	0	70,428	
3. Second Quarter	71,070	0	0	0	0	0	0	0	0	0	0	0	0	0	71,070	
4. Third Quarter	72,091	0	0	0	0	0	0	0	0	0	0	0	0	0	72,091	
5. Current Year	72,884	0	0	0	0	0	0	0	0	0	0	0	0	0	72,884	
6. Current Year Member Months	855,869	0	0	0	0	0	0	0	0	0	0	0	0	0	855,869	
Total Member Ambulatory Encounters for Year:																
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	24,617,717	0	0	0	0	0	0	0	0	0	0	0	0	0	24,617,717	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	26,399,373	0	0	0	0	0	0	0	0	0	0	0	0	0	26,399,373	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	18,085,606	0	0	0	0	0	0	0	0	0	0	0	0	0	18,085,606	
18. Amount Incurred for Provision of Health Care Services	17,299,841	0	0	0	0	0	0	0	0	0	0	0	0	0	17,299,841	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 24,617,717

301A



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)															
		Kentucky		2022										NAIC Company Code															
		1		2		3		4		5		6		7		8		9		10		11		12		13		14	
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health							
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health			
Total Members at end of:																													
1. Prior Year		70,152	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70,152
2. First Quarter		74,322	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	74,322
3. Second Quarter		73,107	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	73,107
4. Third Quarter		73,194	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	73,194
5. Current Year		73,369	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	73,369
6. Current Year Member Months		881,029	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	881,029
Total Member Ambulatory Encounters for Year:																													
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		28,244,155	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	28,244,155
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		30,290,578	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	30,290,578
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		24,277,519	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,277,519
18. Amount Incurred for Provision of Health Care Services		23,226,493	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	23,226,493

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$28,244,155

30 KY



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR 2022										(LOCATION)		
		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	NAIC Company Code	12575
		2 Individual	3 Group													
Total Members at end of:																
1. Prior Year	71,521	0	0	0	0	0	0	0	0	0	0	0	0	0	71,521	
2. First Quarter	69,961	0	0	0	0	0	0	0	0	0	0	0	0	0	69,961	
3. Second Quarter	69,078	0	0	0	0	0	0	0	0	0	0	0	0	0	69,078	
4. Third Quarter	68,674	0	0	0	0	0	0	0	0	0	0	0	0	0	68,674	
5. Current Year	68,736	0	0	0	0	0	0	0	0	0	0	0	0	0	68,736	
6. Current Year Member Months	830,558	0	0	0	0	0	0	0	0	0	0	0	0	0	830,558	
Total Member Ambulatory Encounters for Year:																
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	31,513,228	0	0	0	0	0	0	0	0	0	0	0	0	0	31,513,228	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	33,448,583	0	0	0	0	0	0	0	0	0	0	0	0	0	33,448,583	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	24,340,165	0	0	0	0	0	0	0	0	0	0	0	0	0	24,340,165	
18. Amount Incurred for Provision of Health Care Services	23,794,411	0	0	0	0	0	0	0	0	0	0	0	0	0	23,794,411	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$31,513,228

30.LIA



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Maine		2022										NAIC Company Code	
		1		12575											
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
Total		2	3												Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:															
1. Prior Year	11,120	0	0	0	0	0	0	0	0	0				11,120	
2. First Quarter	12,885	0	0	0	0	0	0	0	0	0				12,885	
3. Second Quarter	12,916	0	0	0	0	0	0	0	0	0				12,916	
4. Third Quarter	13,031	0	0	0	0	0	0	0	0	0				13,031	
5. Current Year	13,181	0	0	0	0	0	0	0	0	0				13,181	
6. Current Year Member Months	155,157	0	0	0	0	0	0	0	0	0				155,157	
Total Member Ambulatory Encounters for Year:															
7. Physician	0	0	0	0	0	0	0	0	0	0					
8. Non-Physician	0	0	0	0	0	0	0	0	0	0					
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0					
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0					
12. Health Premiums Written (b)	4,884,452	0	0	0	0	0	0	0	0	0				4,884,452	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0					
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0					
15. Health Premiums Earned	5,518,439	0	0	0	0	0	0	0	0	0				5,518,439	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0					
17. Amount Paid for Provision of Health Care Services	4,237,566	0	0	0	0	0	0	0	0	0				4,237,566	
18. Amount Incurred for Provision of Health Care Services	3,971,440	0	0	0	0	0	0	0	0	0				3,971,440	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,884,452

30 ME



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Maryland		2022										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
2		3													
Total		Individual	Group												
Total Members at end of:															
1. Prior Year	81,489	0	0	0	0	0	0	0	0	0	0	0	0	81,489	
2. First Quarter	89,746	0	0	0	0	0	0	0	0	0	0	0	0	89,746	
3. Second Quarter	90,328	0	0	0	0	0	0	0	0	0	0	0	0	90,328	
4. Third Quarter	91,424	0	0	0	0	0	0	0	0	0	0	0	0	91,424	
5. Current Year	92,137	0	0	0	0	0	0	0	0	0	0	0	0	92,137	
6. Current Year Member Months	1,088,689	0	0	0	0	0	0	0	0	0	0	0	0	1,088,689	
Total Member Ambulatory Encounters for Year:															
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	38,465,496	0	0	0	0	0	0	0	0	0	0	0	0	38,465,496	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	38,264,902	0	0	0	0	0	0	0	0	0	0	0	0	38,264,902	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	29,038,691	0	0	0	0	0	0	0	0	0	0	0	0	29,038,691	
18. Amount Incurred for Provision of Health Care Services	27,276,672	0	0	0	0	0	0	0	0	0	0	0	0	27,276,672	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$38,465,496

30 MD



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Massachusetts												(LOCATION)		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	DURING THE YEAR 2022	
		2	3												NAIC Company Code	12575
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
Total Members at end of:																
1. Prior Year	121,026	0	0	0	0	0	0	0	0	0				121,026		
2. First Quarter	124,857	0	0	0	0	0	0	0	0	0				124,857		
3. Second Quarter	124,531	0	0	0	0	0	0	0	0	0				124,531		
4. Third Quarter	124,045	0	0	0	0	0	0	0	0	0				124,045		
5. Current Year	123,469	0	0	0	0	0	0	0	0	0				123,469		
6. Current Year Member Months	1,489,920	0	0	0	0	0	0	0	0	0				1,489,920		
Total Member Ambulatory Encounters for Year:																
7. Physician	0	0	0	0	0	0	0	0	0	0						
8. Non-Physician	0	0	0	0	0	0	0	0	0	0						
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0						
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0						
12. Health Premiums Written (b)	81,568,327	0	0	0	0	0	0	0	0	0				81,568,327		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0						
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0						
15. Health Premiums Earned	84,348,976	0	0	0	0	0	0	0	0	0				84,348,976		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0						
17. Amount Paid for Provision of Health Care Services	51,905,557	0	0	0	0	0	0	0	0	0				51,905,557		
18. Amount Incurred for Provision of Health Care Services	49,437,971	0	0	0	0	0	0	0	0	0				49,437,971		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 81,568,327

30 MA



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)		
		Michigan		2022										NAIC Company Code		
		12575		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan												Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
		Total	Individual	Group												
Total Members at end of:																
1.	Prior Year	109,125	0	0	0	0	0	0	0	0	0	0	0	0	109,125	
2.	First Quarter	114,521	0	0	0	0	0	0	0	0	0	0	0	0	114,521	
3.	Second Quarter	114,713	0	0	0	0	0	0	0	0	0	0	0	0	114,713	
4.	Third Quarter	116,858	0	0	0	0	0	0	0	0	0	0	0	0	116,858	
5.	Current Year	117,683	0	0	0	0	0	0	0	0	0	0	0	0	117,683	
6.	Current Year Member Months	1,384,775	0	0	0	0	0	0	0	0	0	0	0	0	1,384,775	
Total Member Ambulatory Encounters for Year:																
7.	Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8.	Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12.	Health Premiums Written (b)	37,558,776	0	0	0	0	0	0	0	0	0	0	0	0	37,558,776	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	40,964,021	0	0	0	0	0	0	0	0	0	0	0	0	40,964,021	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	33,571,361	0	0	0	0	0	0	0	0	0	0	0	0	33,571,361	
18.	Amount Incurred for Provision of Health Care Services	32,176,378	0	0	0	0	0	0	0	0	0	0	0	0	32,176,378	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 37,558,776

30.MI



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Minnesota		2022										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
Comprehensive (Hospital & Medical)															
2		3													
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:															
1. Prior Year	71,271	0	0	0	0	0	0	0	0	0	0	0	71,271		
2. First Quarter	75,376	0	0	0	0	0	0	0	0	0	0	0	75,376		
3. Second Quarter	75,820	0	0	0	0	0	0	0	0	0	0	0	75,820		
4. Third Quarter	76,599	0	0	0	0	0	0	0	0	0	0	0	76,599		
5. Current Year	77,230	0	0	0	0	0	0	0	0	0	0	0	77,230		
6. Current Year Member Months	912,882	0	0	0	0	0	0	0	0	0	0	0	912,882		
Total Member Ambulatory Encounters for Year:															
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0		
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	32,681,406	0	0	0	0	0	0	0	0	0	0	0	32,681,406		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	35,499,653	0	0	0	0	0	0	0	0	0	0	0	35,499,653		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	24,276,270	0	0	0	0	0	0	0	0	0	0	0	24,276,270		
18. Amount Incurred for Provision of Health Care Services	23,262,139	0	0	0	0	0	0	0	0	0	0	0	23,262,139		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$32,681,406

30 MN



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Mississippi											(LOCATION)	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3												NAIC Company Code	12575
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:														
1. Prior Year	79,085	0	0	0	0	0	0	0	0	0	0	0	79,085	
2. First Quarter	78,512	0	0	0	0	0	0	0	0	0	0	0	78,512	
3. Second Quarter	77,705	0	0	0	0	0	0	0	0	0	0	0	77,705	
4. Third Quarter	77,524	0	0	0	0	0	0	0	0	0	0	0	77,524	
5. Current Year	77,707	0	0	0	0	0	0	0	0	0	0	0	77,707	
6. Current Year Member Months	935,335	0	0	0	0	0	0	0	0	0	0	0	935,335	
Total Member Ambulatory Encounters for Year:														
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	28,828,978	0	0	0	0	0	0	0	0	0	0	0	28,828,978	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	33,065,374	0	0	0	0	0	0	0	0	0	0	0	33,065,374	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	26,772,454	0	0	0	0	0	0	0	0	0	0	0	26,772,454	
18. Amount Incurred for Provision of Health Care Services	25,942,208	0	0	0	0	0	0	0	0	0	0	0	25,942,208	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$28,828,978

30 MS



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Missouri												(LOCATION)		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	DURING THE YEAR 2022	
		2	3												NAIC Company Code 12575	
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
Total Members at end of:																
1. Prior Year	108,575	0	0	0	0	0	0	0	0	0	0	0	0	108,575		
2. First Quarter	115,513	0	0	0	0	0	0	0	0	0	0	0	0	115,513		
3. Second Quarter	115,071	0	0	0	0	0	0	0	0	0	0	0	0	115,071		
4. Third Quarter	115,330	0	0	0	0	0	0	0	0	0	0	0	0	115,330		
5. Current Year	115,806	0	0	0	0	0	0	0	0	0	0	0	0	115,806		
6. Current Year Member Months	1,384,964	0	0	0	0	0	0	0	0	0	0	0	0	1,384,964		
Total Member Ambulatory Encounters for Year:																
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	46,459,730	0	0	0	0	0	0	0	0	0	0	0	0	46,459,730		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	52,185,341	0	0	0	0	0	0	0	0	0	0	0	0	52,185,341		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	40,763,357	0	0	0	0	0	0	0	0	0	0	0	0	40,763,357		
18. Amount Incurred for Provision of Health Care Services	39,250,226	0	0	0	0	0	0	0	0	0	0	0	0	39,250,226		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$46,459,730

30 MO



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Montana												(LOCATION)			
		1			4	5	6	7	8	9	10	11	12	13	14	2022 NAIC Company Code 12575	
		Comprehensive (Hospital & Medical)		Medicare Supplement												Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total	2 Individual	3 Group															
Total Members at end of:																	
1. Prior Year	22,466	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,466	
2. First Quarter	24,325	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,325	
3. Second Quarter	24,752	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,752	
4. Third Quarter	25,218	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,218	
5. Current Year	25,593	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,593	
6. Current Year Member Months	297,940	0	0	0	0	0	0	0	0	0	0	0	0	0	0	297,940	
Total Member Ambulatory Encounters for Year:																	
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	8,723,432	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,723,432	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	9,243,708	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,243,708	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	6,132,548	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,132,548	
18. Amount Incurred for Provision of Health Care Services	5,879,414	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,879,414	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$8,723,432

30 MT



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)											
		Nebraska		2022										NAIC Company Code											
		1		4		5		6		7		8		9		10		11		12		13		14	
Comprehensive (Hospital & Medical)																									
2		3		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
Total		Individual		Group																					
Total Members at end of:																									
1. Prior Year		33,823	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	33,823
2. First Quarter		36,783	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	36,783
3. Second Quarter		37,053	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,053
4. Third Quarter		37,536	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,536
5. Current Year		37,996	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,996
6. Current Year Member Months		446,897	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	446,897
Total Member Ambulatory Encounters for Year:																									
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		13,008,715	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,008,715
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		14,011,962	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14,011,962
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		10,159,146	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,159,146
18. Amount Incurred for Provision of Health Care Services		9,802,577	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,802,577

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 13,008,715

30 NIE



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2022										(LOCATION)		
		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	NAIC Company Code	12575
		2 Individual	3 Group													
Total Members at end of:																
1. Prior Year	17,452	0	0	0	0	0	0	0	0	0	0	0	0	0	17,452	
2. First Quarter	22,282	0	0	0	0	0	0	0	0	0	0	0	0	0	22,282	
3. Second Quarter	22,863	0	0	0	0	0	0	0	0	0	0	0	0	0	22,863	
4. Third Quarter	23,547	0	0	0	0	0	0	0	0	0	0	0	0	0	23,547	
5. Current Year	24,234	0	0	0	0	0	0	0	0	0	0	0	0	0	24,234	
6. Current Year Member Months	275,581	0	0	0	0	0	0	0	0	0	0	0	0	0	275,581	
Total Member Ambulatory Encounters for Year:																
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	6,694,812	0	0	0	0	0	0	0	0	0	0	0	0	0	6,694,812	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	7,573,885	0	0	0	0	0	0	0	0	0	0	0	0	0	7,573,885	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	5,827,972	0	0	0	0	0	0	0	0	0	0	0	0	0	5,827,972	
18. Amount Incurred for Provision of Health Care Services	5,310,056	0	0	0	0	0	0	0	0	0	0	0	0	0	5,310,056	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,694,812

30 NV



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		(LOCATION)										
		New Hampshire		2022										
		Comprehensive (Hospital & Medical)		NAIC Company Code 12575										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	21,067	0	0	0	0	0	0	0	0	0			21,067	
2. First Quarter	25,564	0	0	0	0	0	0	0	0	0			25,564	
3. Second Quarter	25,985	0	0	0	0	0	0	0	0	0			25,985	
4. Third Quarter	26,627	0	0	0	0	0	0	0	0	0			26,627	
5. Current Year	27,113	0	0	0	0	0	0	0	0	0			27,113	
6. Current Year Member Months	313,734	0	0	0	0	0	0	0	0	0			313,734	
Total Member Ambulatory Encounters for Year:														
7. Physician	0	0	0	0	0	0	0	0	0	0				
8. Non-Physician	0	0	0	0	0	0	0	0	0	0				
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0				
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0				
12. Health Premiums Written (b)	10,137,700	0	0	0	0	0	0	0	0	0			10,137,700	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0				
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0				
15. Health Premiums Earned	10,639,069	0	0	0	0	0	0	0	0	0			10,639,069	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0				
17. Amount Paid for Provision of Health Care Services	7,115,276	0	0	0	0	0	0	0	0	0			7,115,276	
18. Amount Incurred for Provision of Health Care Services	6,586,118	0	0	0	0	0	0	0	0	0			6,586,118	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 10,137,700

HN'03



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		New Jersey		2022										NAIC Company Code	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
2	3	Medicare Supplement	Vision Only												Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
		Total	Individual	Group											
Total Members at end of:															
1.	Prior Year	129,403	0	0	0	0	0	0	0	0	0	0	0	0	129,403
2.	First Quarter	135,674	0	0	0	0	0	0	0	0	0	0	0	0	135,674
3.	Second Quarter	137,618	0	0	0	0	0	0	0	0	0	0	0	0	137,618
4.	Third Quarter	139,649	0	0	0	0	0	0	0	0	0	0	0	0	139,649
5.	Current Year	141,112	0	0	0	0	0	0	0	0	0	0	0	0	141,112
6.	Current Year Member Months	1,653,935	0	0	0	0	0	0	0	0	0	0	0	0	1,653,935
Total Member Ambulatory Encounters for Year:															
7.	Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Health Premiums Written (b)	60,009,453	0	0	0	0	0	0	0	0	0	0	0	0	60,009,453
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.	Health Premiums Earned	59,290,740	0	0	0	0	0	0	0	0	0	0	0	0	59,290,740
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.	Amount Paid for Provision of Health Care Services	48,869,204	0	0	0	0	0	0	0	0	0	0	0	0	48,869,204
18.	Amount Incurred for Provision of Health Care Services	46,714,034	0	0	0	0	0	0	0	0	0	0	0	0	46,714,034

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 60,009,453

30 NJ



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)													
		New Mexico		2022										NAIC Company Code													
		1		4		5		6		7		8		9		10		11		12		13		14			
		Comprehensive (Hospital & Medical)																									
		2		3																							
		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
		Total																									
Total Members at end of:																											
1. Prior Year		31,473	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	31,473	
2. First Quarter		30,167	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	30,167	
3. Second Quarter		29,786	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	29,786	
4. Third Quarter		29,672	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	29,672	
5. Current Year		29,820	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	29,820	
6. Current Year Member Months		358,363	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	358,363	
Total Member Ambulatory Encounters for Year:																											
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)		10,482,297	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,482,297	
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned		10,749,561	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,749,561	
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services		7,148,145	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,148,145	
18. Amount Incurred for Provision of Health Care Services		6,945,202	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,945,202	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 10,482,297

30 NM



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		New York		2022										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
2		3													
Total		Individual	Group												
Total Members at end of:															
1. Prior Year	265,434	0	0	0	0	0	0	0	0	0	0	0	0	265,434	
2. First Quarter	272,298	0	0	0	0	0	0	0	0	0	0	0	0	272,298	
3. Second Quarter	272,006	0	0	0	0	0	0	0	0	0	0	0	0	272,006	
4. Third Quarter	271,637	0	0	0	0	0	0	0	0	0	0	0	0	271,637	
5. Current Year	272,470	0	0	0	0	0	0	0	0	0	0	0	0	272,470	
6. Current Year Member Months	3,264,969	0	0	0	0	0	0	0	0	0	0	0	0	3,264,969	
Total Member Ambulatory Encounters for Year:															
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	172,805,976	0	0	0	0	0	0	0	0	0	0	0	0	172,805,976	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	173,267,430	0	0	0	0	0	0	0	0	0	0	0	0	173,267,430	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	121,221,789	0	0	0	0	0	0	0	0	0	0	0	0	121,221,789	
18. Amount Incurred for Provision of Health Care Services	115,530,236	0	0	0	0	0	0	0	0	0	0	0	0	115,530,236	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 172,805,976

30 NY



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		North Carolina		2022										NAIC Company Code	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
2	3	Medicare Supplement	Vision Only												Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
		Total	Individual	Group											
Total Members at end of:															
1.	Prior Year	151,197	0	0	0	0	0	0	0	0	0	0	0	151,197	
2.	First Quarter	158,415	0	0	0	0	0	0	0	0	0	0	0	158,415	
3.	Second Quarter	157,441	0	0	0	0	0	0	0	0	0	0	0	157,441	
4.	Third Quarter	158,536	0	0	0	0	0	0	0	0	0	0	0	158,536	
5.	Current Year	159,471	0	0	0	0	0	0	0	0	0	0	0	159,471	
6.	Current Year Member Months	1,898,135	0	0	0	0	0	0	0	0	0	0	0	1,898,135	
Total Member Ambulatory Encounters for Year:															
7.	Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	
8.	Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	
12.	Health Premiums Written (b)	61,155,959	0	0	0	0	0	0	0	0	0	0	0	61,155,959	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	63,706,141	0	0	0	0	0	0	0	0	0	0	0	63,706,141	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	49,112,386	0	0	0	0	0	0	0	0	0	0	0	49,112,386	
18.	Amount Incurred for Provision of Health Care Services	47,194,198	0	0	0	0	0	0	0	0	0	0	0	47,194,198	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$61,155,959

30 NC



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		(LOCATION)										
		North Dakota		2022										
		Comprehensive (Hospital & Medical)		NAIC Company Code 12575										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	19,036	0	0	0	0	0	0	0	0	0	0	0	19,036	0
2. First Quarter	20,289	0	0	0	0	0	0	0	0	0	0	0	20,289	0
3. Second Quarter	20,499	0	0	0	0	0	0	0	0	0	0	0	20,499	0
4. Third Quarter	20,752	0	0	0	0	0	0	0	0	0	0	0	20,752	0
5. Current Year	20,905	0	0	0	0	0	0	0	0	0	0	0	20,905	0
6. Current Year Member Months	246,617	0	0	0	0	0	0	0	0	0	0	0	246,617	0
Total Member Ambulatory Encounters for Year:														
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	7,811,038	0	0	0	0	0	0	0	0	0	0	0	7,811,038	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	8,253,762	0	0	0	0	0	0	0	0	0	0	0	8,253,762	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	5,865,200	0	0	0	0	0	0	0	0	0	0	0	5,865,200	0
18. Amount Incurred for Provision of Health Care Services	5,642,333	0	0	0	0	0	0	0	0	0	0	0	5,642,333	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,811,038

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

(LOCATION)

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Ohio		2022										NAIC Company Code	
		Ohio		2022										12575	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior Year	141,238	0	0	0	0	0	0	0	0	0	0	0	141,238	0	
2. First Quarter	164,695	0	0	0	0	0	0	0	0	0	0	0	164,695	0	
3. Second Quarter	168,009	0	0	0	0	0	0	0	0	0	0	0	168,009	0	
4. Third Quarter	172,439	0	0	0	0	0	0	0	0	0	0	0	172,439	0	
5. Current Year	175,657	0	0	0	0	0	0	0	0	0	0	0	175,657	0	
6. Current Year Member Months	2,028,557	0	0	0	0	0	0	0	0	0	0	0	2,028,557	0	
Total Member Ambulatory Encounters for Year:															
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	51,192,824	0	0	0	0	0	0	0	0	0	0	0	51,192,824	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	57,903,322	0	0	0	0	0	0	0	0	0	0	0	57,903,322	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	38,387,620	0	0	0	0	0	0	0	0	0	0	0	38,387,620	0	
18. Amount Incurred for Provision of Health Care Services	35,898,293	0	0	0	0	0	0	0	0	0	0	0	35,898,293	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$51,192,824

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

(LOCATION)

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)															
		Oklahoma		2022										NAIC Company Code															
		1		2		3		4		5		6		7		8		9		10		11		12		13		14	
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health							
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health			
Total Members at end of:																													
1.	Prior Year	68,345	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	68,345
2.	First Quarter	67,862	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	67,862
3.	Second Quarter	67,201	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	67,201
4.	Third Quarter	67,312	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	67,312
5.	Current Year	67,347	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	67,347
6.	Current Year Member Months	809,117	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	809,117
Total Member Ambulatory Encounters for Year:																													
7.	Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Health Premiums Written (b)	32,623,215	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	32,623,215
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.	Health Premiums Earned	37,144,986	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37,144,986
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.	Amount Paid for Provision of Health Care Services	26,014,271	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	26,014,271
18.	Amount Incurred for Provision of Health Care Services	25,352,031	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25,352,031

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$32,623,215

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Oregon		DURING THE YEAR 2022										(LOCATION)		
		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	NAIC Company Code	12575
		2 Individual	3 Group													
Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																
1. Prior Year	46,201	0	0	0	0	0	0	0	0	0	0	0	0	46,201		
2. First Quarter	48,290	0	0	0	0	0	0	0	0	0	0	0	0	48,290		
3. Second Quarter	48,494	0	0	0	0	0	0	0	0	0	0	0	0	48,494		
4. Third Quarter	49,185	0	0	0	0	0	0	0	0	0	0	0	0	49,185		
5. Current Year	49,851	0	0	0	0	0	0	0	0	0	0	0	0	49,851		
6. Current Year Member Months	585,378	0	0	0	0	0	0	0	0	0	0	0	0	585,378		
Total Member Ambulatory Encounters for Year:																
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	15,475,349	0	0	0	0	0	0	0	0	0	0	0	0	15,475,349		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	16,638,186	0	0	0	0	0	0	0	0	0	0	0	0	16,638,186		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	11,260,437	0	0	0	0	0	0	0	0	0	0	0	0	11,260,437		
18. Amount Incurred for Provision of Health Care Services	10,885,974	0	0	0	0	0	0	0	0	0	0	0	0	10,885,974		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 15,475,349

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)														
		Pennsylvania		2022										NAIC Company Code														
		1		2		3		4		5		6		7		8		9		10		11		12		13		14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health						
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health		
Total Members at end of:																												
1. Prior Year		203,803	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	203,803
2. First Quarter		214,631	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	214,631
3. Second Quarter		215,258	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	215,258
4. Third Quarter		217,740	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	217,740
5. Current Year		219,063	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	219,063
6. Current Year Member Months		2,592,660	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,592,660
Total Member Ambulatory Encounters for Year:																												
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		76,741,959	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76,741,959
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		82,271,962	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	82,271,962
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		60,377,529	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60,377,529
18. Amount Incurred for Provision of Health Care Services		57,614,787	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	57,614,787

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$76,741,959



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		(LOCATION)										
		Rhode Island		2022										
		Rhode Island		NAIC Company Code 12575										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	11,526	0	0	0	0	0	0	0	0	0	0	0	11,526	0
2. First Quarter	11,725	0	0	0	0	0	0	0	0	0	0	0	11,725	0
3. Second Quarter	11,662	0	0	0	0	0	0	0	0	0	0	0	11,662	0
4. Third Quarter	11,572	0	0	0	0	0	0	0	0	0	0	0	11,572	0
5. Current Year	11,314	0	0	0	0	0	0	0	0	0	0	0	11,314	0
6. Current Year Member Months	139,210	0	0	0	0	0	0	0	0	0	0	0	139,210	0
Total Member Ambulatory Encounters for Year:														
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	4,290,537	0	0	0	0	0	0	0	0	0	0	0	4,290,537	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	4,617,646	0	0	0	0	0	0	0	0	0	0	0	4,617,646	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	3,220,789	0	0	0	0	0	0	0	0	0	0	0	3,220,789	0
18. Amount Incurred for Provision of Health Care Services	3,182,701	0	0	0	0	0	0	0	0	0	0	0	3,182,701	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,290,537

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		(LOCATION)										
		South Carolina		2022										
		Comprehensive (Hospital & Medical)		NAIC Company Code 12575										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	89,856	0	0	0	0	0	0	0	0	0	0	0	89,856	0
2. First Quarter	90,984	0	0	0	0	0	0	0	0	0	0	0	90,984	0
3. Second Quarter	91,067	0	0	0	0	0	0	0	0	0	0	0	91,067	0
4. Third Quarter	91,339	0	0	0	0	0	0	0	0	0	0	0	91,339	0
5. Current Year	91,761	0	0	0	0	0	0	0	0	0	0	0	91,761	0
6. Current Year Member Months	1,094,072	0	0	0	0	0	0	0	0	0	0	0	1,094,072	0
Total Member Ambulatory Encounters for Year:														
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	32,338,271	0	0	0	0	0	0	0	0	0	0	0	32,338,271	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	37,805,942	0	0	0	0	0	0	0	0	0	0	0	37,805,942	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	25,588,874	0	0	0	0	0	0	0	0	0	0	0	25,588,874	0
18. Amount Incurred for Provision of Health Care Services	24,804,912	0	0	0	0	0	0	0	0	0	0	0	24,804,912	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 32,338,271

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)													
		South Dakota		2022										NAIC Company Code													
		1		4		5		6		7		8		9		10		11		12		13		14			
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health					
2		3		4		5		6		7		8		9		10		11		12		13		14			
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
Total Members at end of:																											
1.	Prior Year	23,443	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	23,443	
2.	First Quarter	27,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	27,220	
3.	Second Quarter	27,609	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	27,609	
4.	Third Quarter	28,105	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	28,105	
5.	Current Year	28,452	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	28,452	
6.	Current Year Member Months	332,221	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	332,221	
Total Member Ambulatory Encounters for Year:																											
7.	Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8.	Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12.	Health Premiums Written (b)	8,835,061	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,835,061	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	9,478,700	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,478,700	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	6,436,970	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,436,970	
18.	Amount Incurred for Provision of Health Care Services	6,124,083	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,124,083	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$8,835,061

30.SD



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Tennessee												(LOCATION)			
		1			4	5	6	7	8	9	10	11	12	13	14	2022	
		Comprehensive (Hospital & Medical)		NAIC Company Code												12575	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health				
Total Members at end of:																	
1. Prior Year	94,539	0	0	5	0	0	0	0	0	0	0	0	94,534	0			
2. First Quarter	100,632	0	0	5	0	0	0	0	0	0	0	0	100,627	0			
3. Second Quarter	100,745	0	0	5	0	0	0	0	0	0	0	0	100,740	0			
4. Third Quarter	101,787	0	0	5	0	0	0	0	0	0	0	0	101,782	0			
5. Current Year	102,619	0	0	5	0	0	0	0	0	0	0	0	102,614	0			
6. Current Year Member Months	1,214,791	0	0	60	0	0	0	0	0	0	0	0	1,214,731	0			
Total Member Ambulatory Encounters for Year:																	
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
12. Health Premiums Written (b)	36,814,663	0	0	9,629	0	0	0	0	0	0	0	0	36,805,034	0			
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned	40,567,100	0	0	9,624	0	0	0	0	0	0	0	0	40,557,476	0			
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services	30,523,676	0	0	7,044	0	0	0	0	0	0	0	0	30,516,632	0			
18. Amount Incurred for Provision of Health Care Services	29,065,896	0	0	7,020	0	0	0	0	0	0	0	0	29,058,876	0			

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$36,805,034

30.TN



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)														
		Texas		2022										NAIC Company Code														
		1		2		3		4		5		6		7		8		9		10		11		12		13		14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health						
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health		
Total Members at end of:																												
1. Prior Year		276,508	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	276,508
2. First Quarter		293,487	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	293,487
3. Second Quarter		295,743	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	295,743
4. Third Quarter		300,727	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	300,727
5. Current Year		304,855	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	304,855
6. Current Year Member Months		3,564,405	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,564,405
Total Member Ambulatory Encounters for Year:																												
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		93,929,409	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	93,929,409
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		101,180,159	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	101,180,159
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		82,375,874	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	82,375,874
18. Amount Incurred for Provision of Health Care Services		78,492,825	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	78,492,825

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$93,929,409

30.TX



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Utah		2022										NAIC Company Code	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	1	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
	Total	Individual	Group												
Total Members at end of:															
1. Prior Year	17,641	0	0	0	0	0	0	0	0	0			17,641		
2. First Quarter	19,860	0	0	0	0	0	0	0	0	0			19,860		
3. Second Quarter	20,049	0	0	0	0	0	0	0	0	0			20,049		
4. Third Quarter	20,511	0	0	0	0	0	0	0	0	0			20,511		
5. Current Year	20,795	0	0	0	0	0	0	0	0	0			20,795		
6. Current Year Member Months	242,600	0	0	0	0	0	0	0	0	0			242,600		
Total Member Ambulatory Encounters for Year:															
7. Physician	0	0	0	0	0	0	0	0	0	0					
8. Non-Physician	0	0	0	0	0	0	0	0	0	0					
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0					
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0					
12. Health Premiums Written (b)	6,906,144	0	0	0	0	0	0	0	0	0			6,906,144		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0					
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0					
15. Health Premiums Earned	7,004,710	0	0	0	0	0	0	0	0	0			7,004,710		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0					
17. Amount Paid for Provision of Health Care Services	5,620,264	0	0	0	0	0	0	0	0	0			5,620,264		
18. Amount Incurred for Provision of Health Care Services	5,314,965	0	0	0	0	0	0	0	0	0			5,314,965		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,906,144

30 UT



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)														
		Vermont		2022										NAIC Company Code														
		1		2		3		4		5		6		7		8		9		10		11		12		13		14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health						
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health		
Total Members at end of:																												
1. Prior Year		16,624	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16,624
2. First Quarter		17,624	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,624
3. Second Quarter		17,722	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,722
4. Third Quarter		17,826	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,826
5. Current Year		17,960	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,960
6. Current Year Member Months		212,759	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	212,759
Total Member Ambulatory Encounters for Year:																												
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		6,337,822	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,337,822
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		6,965,522	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,965,522
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		6,122,618	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,122,618
18. Amount Incurred for Provision of Health Care Services		5,860,435	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,860,435

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,337,822

30.VT



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)														
		Virginia		2022										NAIC Company Code														
		1		2		3		4		5		6		7		8		9		10		11		12		13		14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health						
Total		Individual		Group																								
Total Members at end of:																												
1.	Prior Year	103,513	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	103,513
2.	First Quarter	115,344	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	115,344
3.	Second Quarter	115,335	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	115,335
4.	Third Quarter	116,460	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	116,460
5.	Current Year	117,156	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	117,156
6.	Current Year Member Months	1,389,981	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,389,981
Total Member Ambulatory Encounters for Year:																												
7.	Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Health Premiums Written (b)	41,151,079	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	41,151,079
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.	Health Premiums Earned	40,253,858	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,253,858
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.	Amount Paid for Provision of Health Care Services	30,284,369	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	30,284,369
18.	Amount Incurred for Provision of Health Care Services	28,775,267	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	28,775,267

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$41,151,079

30 VA



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)													
		Washington		2022										NAIC Company Code													
		1		4		5		6		7		8		9		10		11		12		13		14			
Comprehensive (Hospital & Medical)								Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health					
2		3																									
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
Total Members at end of:																											
1. Prior Year		85,520	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	85,520	
2. First Quarter		89,417	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	89,417	
3. Second Quarter		89,758	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	89,758	
4. Third Quarter		90,395	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	90,395	
5. Current Year		91,200	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,200	
6. Current Year Member Months		1,080,412	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,080,412	
Total Member Ambulatory Encounters for Year:																											
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)		31,869,005	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	31,869,005	
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned		32,845,773	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	32,845,773	
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services		22,222,920	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,222,920	
18. Amount Incurred for Provision of Health Care Services		21,455,180	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,455,180	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$31,869,005

30.WA



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		(LOCATION)										
		West Virginia		2022										
		Comprehensive (Hospital & Medical)		NAIC Company Code 12575										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	29,231	0	0	0	0	0	0	0	0	0	0	0	29,231	0
2. First Quarter	29,097	0	0	0	0	0	0	0	0	0	0	0	29,097	0
3. Second Quarter	28,648	0	0	0	0	0	0	0	0	0	0	0	28,648	0
4. Third Quarter	28,511	0	0	0	0	0	0	0	0	0	0	0	28,511	0
5. Current Year	28,402	0	0	0	0	0	0	0	0	0	0	0	28,402	0
6. Current Year Member Months	344,491	0	0	0	0	0	0	0	0	0	0	0	344,491	0
Total Member Ambulatory Encounters for Year:														
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	11,830,148	0	0	0	0	0	0	0	0	0	0	0	11,830,148	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	12,974,814	0	0	0	0	0	0	0	0	0	0	0	12,974,814	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	9,040,322	0	0	0	0	0	0	0	0	0	0	0	9,040,322	0
18. Amount Incurred for Provision of Health Care Services	8,835,918	0	0	0	0	0	0	0	0	0	0	0	8,835,918	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 11,830,148

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Wisconsin		2022										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
Comprehensive (Hospital & Medical)															
2		3													
Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior Year	65,734	0	0	0	0	0	0	0	0	0	0	0	65,734	0	
2. First Quarter	75,753	0	0	0	0	0	0	0	0	0	0	0	75,753	0	
3. Second Quarter	76,274	0	0	0	0	0	0	0	0	0	0	0	76,274	0	
4. Third Quarter	77,203	0	0	0	0	0	0	0	0	0	0	0	77,203	0	
5. Current Year	77,612	0	0	0	0	0	0	0	0	0	0	0	77,612	0	
6. Current Year Member Months	917,956	0	0	0	0	0	0	0	0	0	0	0	917,956	0	
Total Member Ambulatory Encounters for Year:															
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	33,010,173	0	0	0	0	0	0	0	0	0	0	0	33,010,173	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	34,427,037	0	0	0	0	0	0	0	0	0	0	0	34,427,037	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	28,574,683	0	0	0	0	0	0	0	0	0	0	0	28,574,683	0	
18. Amount Incurred for Provision of Health Care Services	26,735,176	0	0	0	0	0	0	0	0	0	0	0	26,735,176	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 33,010,173

30.W1



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR 2022										(LOCATION)		
		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	NAIC Company Code	12575
		2 Individual	3 Group													
Total Members at end of:	Total															
1. Prior Year	14,204	0	0	0	0	0	0	0	0	0	0	0	0	0	14,204	
2. First Quarter	15,385	0	0	0	0	0	0	0	0	0	0	0	0	0	15,385	
3. Second Quarter	15,651	0	0	0	0	0	0	0	0	0	0	0	0	0	15,651	
4. Third Quarter	16,013	0	0	0	0	0	0	0	0	0	0	0	0	0	16,013	
5. Current Year	16,229	0	0	0	0	0	0	0	0	0	0	0	0	0	16,229	
6. Current Year Member Months	188,906	0	0	0	0	0	0	0	0	0	0	0	0	0	188,906	
Total Member Ambulatory Encounters for Year:																
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	5,350,069	0	0	0	0	0	0	0	0	0	0	0	0	0	5,350,069	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	5,618,401	0	0	0	0	0	0	0	0	0	0	0	0	0	5,618,401	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	3,703,835	0	0	0	0	0	0	0	0	0	0	0	0	0	3,703,835	
18. Amount Incurred for Provision of Health Care Services	3,563,948	0	0	0	0	0	0	0	0	0	0	0	0	0	3,563,948	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$5,350,069

30.WV



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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

30.AS



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)														
		Guam		2022										NAIC Company Code														
		1		2		3		4		5		6		7		8		9		10		11		12		13		14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health						
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health		
Total Members at end of:																												
1. Prior Year		18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18
2. First Quarter		19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	19
3. Second Quarter		14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14
4. Third Quarter		15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15
5. Current Year		16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16
6. Current Year Member Months		196	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	196
Total Member Ambulatory Encounters for Year:																												
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		7,385	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,385
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		7,385	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,385
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		2,797	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,797
18. Amount Incurred for Provision of Health Care Services		2,787	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,787

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,385

30 GU



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		4	DURING THE YEAR										12575
		Puerto Rico			2022										
		(LOCATION)			NAIC Company Code										
	1	Comprehensive (Hospital & Medical)			5	6	7	8	9	10	11	12	13	14	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior Year	252	0	0	0	0	0	0	0	0	0			252		
2. First Quarter	270	0	0	0	0	0	0	0	0	0			270		
3. Second Quarter	261	0	0	0	0	0	0	0	0	0			261		
4. Third Quarter	263	0	0	0	0	0	0	0	0	0			263		
5. Current Year	250	0	0	0	0	0	0	0	0	0			250		
6. Current Year Member Months	3,075	0	0	0	0	0	0	0	0	0			3,075		
Total Member Ambulatory Encounters for Year:															
7. Physician	0	0	0	0	0	0	0	0	0	0					
8. Non-Physician	0	0	0	0	0	0	0	0	0	0					
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0					
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0					
12. Health Premiums Written (b)	124,870	0	0	0	0	0	0	0	0	0			124,870		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0					
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0					
15. Health Premiums Earned	124,870	0	0	0	0	0	0	0	0	0			124,870		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0					
17. Amount Paid for Provision of Health Care Services	18,895	0	0	0	0	0	0	0	0	0			18,895		
18. Amount Incurred for Provision of Health Care Services	18,533	0	0	0	0	0	0	0	0	0			18,533		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 124,870

30.PR



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		(LOCATION)										
		U.S. Virgin Islands		2022										
		U.S. Virgin Islands		NAIC Company Code 12575										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	67	0	0	0	0	0	0	0	0	0			67	
2. First Quarter	70	0	0	0	0	0	0	0	0	0			70	
3. Second Quarter	74	0	0	0	0	0	0	0	0	0			74	
4. Third Quarter	76	0	0	0	0	0	0	0	0	0			76	
5. Current Year	74	0	0	0	0	0	0	0	0	0			74	
6. Current Year Member Months	864	0	0	0	0	0	0	0	0	0			864	
Total Member Ambulatory Encounters for Year:														
7. Physician	0	0	0	0	0	0	0	0	0	0				
8. Non-Physician	0	0	0	0	0	0	0	0	0	0				
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0				
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0				
12. Health Premiums Written (b)	34,554	0	0	0	0	0	0	0	0	0			34,554	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0				
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0				
15. Health Premiums Earned	34,554	0	0	0	0	0	0	0	0	0			34,554	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0				
17. Amount Paid for Provision of Health Care Services	11,078	0	0	0	0	0	0	0	0	0			11,078	
18. Amount Incurred for Provision of Health Care Services	10,175	0	0	0	0	0	0	0	0	0			10,175	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$34,554



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Northern Mariana Islands											(LOCATION)			
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	2022 NAIC Company Code 12575	
		2	3												Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total	Individual	Group														
Total Members at end of:																
1. Prior Year	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
2. First Quarter	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
3. Second Quarter	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
4. Third Quarter	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
5. Current Year	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
6. Current Year Member Months	69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69
Total Member Ambulatory Encounters for Year:																
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	2,551	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,551
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	2,551	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,551
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	160	0	0	0	0	0	0	0	0	0	0	0	0	0	0	160
18. Amount Incurred for Provision of Health Care Services	455	0	0	0	0	0	0	0	0	0	0	0	0	0	0	455

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,551

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										(LOCATION)	
		Comprehensive (Hospital & Medical)			4	5	6	7	8	9	10	11	12	13	14	
		2	3													NAIC Company Code	12575
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
Total Members at end of:																
1. Prior Year	4,481,262	0	0	5	0	0	0	0	0	0	0	0	4,481,257	0		
2. First Quarter	4,769,191	0	0	5	0	0	0	0	0	0	0	0	4,769,186	0		
3. Second Quarter	4,780,792	0	0	5	0	0	0	0	0	0	0	0	4,780,787	0		
4. Third Quarter	4,819,777	0	0	5	0	0	0	0	0	0	0	0	4,819,772	0		
5. Current Year	4,854,260	0	0	5	0	0	0	0	0	0	0	0	4,854,255	0		
6. Current Year Member Months	57,527,166	0	0	60	0	0	0	0	0	0	0	0	57,527,106	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	1,956,103,696	0	0	9,629	0	0	0	0	0	0	0	0	1,956,094,067	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	2,002,450,097	0	0	9,624	0	0	0	0	0	0	0	0	2,002,440,473	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	1,535,442,703	0	0	7,044	0	0	0	0	0	0	0	0	1,535,435,659	0		
18. Amount Incurred for Provision of Health Care Services	1,465,550,960	0	0	7,020	0	0	0	0	0	0	0	0	1,465,543,940	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,956,094,067

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
63444	06-1566092	01/01/2018	Accendo Insurance Company	UT	QA/I	MD	94,116,860		(4,022,916)				
63444	06-1566092	01/01/2018	Accendo Insurance Company	UT	QA/G	MD	5,007,389						
0299999. General Account - Authorized U.S. Affiliates - Other							99,124,249	0	(4,022,916)	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							99,124,249	0	(4,022,916)	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							99,124,249	0	(4,022,916)	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							0	0	0	0	0	0	0
1199999. Total General Account Authorized							99,124,249	0	(4,022,916)	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
00000	AA-3190173	01/01/2011	CVS Caremark Indemnity, Ltd.	BMJ	QA/I	MD	283,163,056		(12,068,749)				
00000	AA-3190173	01/01/2011	CVS Caremark Indemnity, Ltd.	BMJ	QA/G	MD	15,385,489						
1599999. General Account - Unauthorized Non-U.S. Affiliates - Captive							298,548,545	0	(12,068,749)	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							298,548,545	0	(12,068,749)	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							298,548,545	0	(12,068,749)	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							298,548,545	0	(12,068,749)	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							397,672,794	0	(16,091,665)	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							99,124,249	0	(4,022,916)	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							298,548,545	0	(12,068,749)	0	0	0	0
9999999 - Totals							397,672,794	0	(16,091,665)	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999			Total General Account - Life and Annuity U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0699999			Total General Account - Life and Annuity Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0799999			Total General Account - Life and Annuity Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1099999			Total General Account - Life and Annuity Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1199999			Total General Account Life and Annuity	0	0	0	0	0	XXX	0	0	0	0	0
1499999			Total General Account - Accident and Health U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
00000	AA-3190173	01/01/2011	CVS Caremark Indemnity, Ltd.	(12,068,750)	0	(59,361,693)	(71,430,443)	0	XXX	0	0	0	0	(71,430,443)
1599999			General Account - Accident and Health Non-U.S. Affiliates - Captive	(12,068,750)	0	(59,361,693)	(71,430,443)	0	XXX	0	0	0	0	(71,430,443)
1799999			Total General Account - Accident and Health Non-U.S. Affiliates	(12,068,750)	0	(59,361,693)	(71,430,443)	0	XXX	0	0	0	0	(71,430,443)
1899999			Total General Account - Accident and Health Affiliates	(12,068,750)	0	(59,361,693)	(71,430,443)	0	XXX	0	0	0	0	(71,430,443)
2199999			Total General Account - Accident and Health Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2299999			Total General Account Accident and Health	(12,068,750)	0	(59,361,693)	(71,430,443)	0	XXX	0	0	0	0	(71,430,443)
2399999			Total General Account	(12,068,750)	0	(59,361,693)	(71,430,443)	0	XXX	0	0	0	0	(71,430,443)
2699999			Total Separate Accounts - U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2999999			Total Separate Accounts - Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3099999			Total Separate Accounts - Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3399999			Total Separate Accounts - Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3499999			Total Separate Accounts	0	0	0	0	0	XXX	0	0	0	0	0
3599999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)	0	0	0	0	0	XXX	0	0	0	0	0
3699999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)	(12,068,750)	0	(59,361,693)	(71,430,443)	0	XXX	0	0	0	0	(71,430,443)
9999999			Totals	(12,068,750)	0	(59,361,693)	(71,430,443)	0	XXX	0	0	0	0	(71,430,443)

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
NONE				

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

SCHEDULE S - PART 6

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

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums	397,673	413,374	531,765	651,339	669,068
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	81,199	81,822	90,578	85,660	104,941
5. Total hospital and medical expenses	270,900	287,768	410,909	509,493	551,656
B. BALANCE SHEET ITEMS					
6. Premiums receivable	5,535	5,394	5,622	6,909	6,291
7. Claims payable	0	0	0	0	3,515
8. Reinsurance recoverable on paid losses	0	0	0	0	0
9. Experience rating refunds due or unpaid	(16,092)	(6,122)	(6,790)	1,816	8,731
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		0	0		
18. Funds deposited by and withheld from (F)		0	0		
19. Letters of credit (L)		0	0		
20. Trust agreements (T)		0	0		
21. Other (O)		0	0		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	296,729,373		296,729,373
2. Accident and health premiums due and unpaid (Line 15)	80,605,900	21,626,500	102,232,400
3. Amounts recoverable from reinsurers (Line 16.1)	0		0
4. Net credit for ceded reinsurance	XXX	(95,240,590)	(95,240,590)
5. All other admitted assets (Balance)	2,825,841,816	80,216,145	2,906,057,961
6. Total assets (Line 28)	3,203,177,089	6,602,055	3,209,779,144
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	0		0
8. Accrued medical incentive pool and bonus payments (Line 2)	0		0
9. Premiums received in advance (Line 8)	34,284,140	6,602,055	40,886,195
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	2,021,385,933		2,021,385,933
15. Total liabilities (Line 24)	2,055,670,073	6,602,055	2,062,272,128
16. Total capital and surplus (Line 33)	1,147,507,016	XXX	1,147,507,016
17. Total liabilities, capital and surplus (Line 34)	3,203,177,089	6,602,055	3,209,779,144
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	6,602,055		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	(80,216,145)		
23. Total ceded reinsurance recoverables	(73,614,090)		
24. Premiums receivable	21,626,500		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	21,626,500		
31. Total net credit for ceded reinsurance	(95,240,590)		

Schedule T - Part 2 - Interstate Compact

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0001	CVS HEALTH GROUP		05-0494040		0000064803	NYSE	CVS Health Corporation	DE	UIP	Board of Directors	Board of Directors	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	63444	06-1566092				Accendo Insurance Company	UT	IA	Part D Holding Company, L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	12575	20-2833904				SilverScript Insurance Company	TN	RE	Part D Holding Company, L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	05-0340626				CVS Pharmacy, Inc.	RI	UIP	CVS Health Corporation	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-8404182				Caremark Rx, L.L.C.	DE	UIP	CVS Pharmacy, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	61-1715010				Part D Holding Company, L.L.C.	DE	UDP	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	33-1113587				CVS Caremark Part D Services, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	87-0548860				RxAmerica, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	11-2580136				Caremark Ulysses Holding Corporation	NY	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	87-0804047				MemberHealth, L.L.C.	DE	NIA	Caremark Ulysses Holding Corporation	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	05-0500188				CVS Caremark Indemnity, Ltd.	BMU	IA	CVS Foreign, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	27-1298765				UAC Holding, Inc.	DE	NIA	Caremark Ulysses Holding Corporation	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	05-0497953				CVS Foreign, Inc.	NY	NIA	CVS Health Corporation	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	58-2160656				Coram Clinical Trials, Inc.	DE	NIA	CVS Pharmacy, Inc.	Ownership	75.000	CVS Health Corporation	NO	13
.0001	CVS HEALTH GROUP	00000	23-2229683	3060706	0001122304		Aetna Inc.	PA	NIA	CVS Pharmacy, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	30-0123754				Aetna Health Holdings, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	95-3402799				Aetna Health of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95935	23-2442048				Aetna Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95088	59-2411584				Aetna Health Inc.	FL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95094	58-1649568				Aetna Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95517	01-0504252				Aetna Health Inc.	ME	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95756	23-2861565				Aetna Health of Michigan Inc.	MI	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95287	52-1270921				Aetna Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95234	22-2663623				Aetna Health Inc.	NY	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	14408	45-2634734				Aetna Better Health Inc.	NY	IA	Aetna Health Inc. (NY)	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95490	76-0189680				Aetna Health Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95040	74-1844335				Aetna Better Health of Texas Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	12328	20-2207534				Aetna Better Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	06-1160812				Aetna Dental of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	11183	22-2990909				Aetna Dental Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95910	06-1177531				Aetna Dental Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	30-0123760				Aetna Rx Home Delivery, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	13-3870795				Aetna Health Management, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	22-3187443				Aetna Ireland Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	57-1209768				Aetna Specialty Pharmacy, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-1274723				Cofinity, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	23-2671370				@Credentials Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	13735	27-0563973				Aetna Better Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	13174	26-2867560				Aetna Better Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	47-5178095				Aetna Better Health of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	14043	27-2512072				Aetna Better Health Premier Plan MMAI Inc.	IL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	15805	47-3850677				Aetna Health of Ohio Inc.	OH	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	15616	80-0629718				Aetna Better Health, Inc.	LA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	80-0671703				Aetna Florida Inc.	FL	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	14229	45-2764938				Aetna Better Health Inc.	OH	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	15611	46-3203088				Aetna Better Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	15919	81-1143850				Aetna Better Health of Oklahoma Inc.	OK	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	04-2708160				Aetna Student Health Agency Inc.	MA	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0001	CVS HEALTH GROUP	00000	73-1702453				Delaware Physicians Care, Incorporated	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	01-0826783				Schaller Anderson Medical Administrators, Incorporated	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	86-0842559				Aetna Medicaid Administrators LLC	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	45-2944270				iTriage, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	16-1471176				Prodigy Health Group, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	0.200	CVS Health Corporation	YES	3
.0001	CVS HEALTH GROUP	00000	74-2879984				Medical Examinations of New York, P.C.	NY	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	45-5527797				Innovation Health Holdings, LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	NO	6
.0001	CVS HEALTH GROUP	15097	46-0674828				Innovation Health Insurance Company	VA	IA	Innovation Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	15098	46-0682197				Innovation Health Plan, Inc.	VA	IA	Innovation Health Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	81-3789357				Texas Health + Aetna Health Insurance Holding Company LLC	TX	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	NO	8
.0001	CVS HEALTH GROUP	16121	81-4749336				Texas Health + Aetna Health Insurance Company	TX	IA	Texas Health + Aetna Health Insurance Holding Company LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	16132	47-5548221				Texas Health + Aetna Health Plan Inc.	TX	IA	Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95109	23-2169745				Aetna Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Inc. (PA)	Ownership	39.500	CVS Health Corporation	YES	3
.0001	CVS HEALTH GROUP	00000	20-0438576				Niagara Re, Inc.	NY	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	52-2200070				Performax, Inc.	DE	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	87-0632355				Scrip World, LLC	UT	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	27-1760756				Precision Benefit Services, Inc.	DE	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	31-1368946				American Health Holding, Inc.	OH	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	16-1264154				Meritain Health, Inc.	NY	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	86-0537707				Adminco, Inc.	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	86-0527428				Administrative Enterprises, Inc.	AZ	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	16-1684061				U.S. Healthcare Holdings, LLC	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	34-1670299				Prime Net, Inc.	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	34-1348032				Professional Risk Management, Inc.	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	68500	62-1181209				Continental Life Insurance Company of Brentwood, Tennessee	TN	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	12321	20-2901054				American Continental Insurance Company	TN	IA	Brentwood, Tennessee	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	60054	06-6033492				Aetna Life Insurance Company	CT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Life Insurance Company	Ownership	60.300	CVS Health Corporation	YES	3
.0001	CVS HEALTH GROUP	00000	06-1270755				AHP Holdings, Inc.	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	06-1028469				AE Fourteen, Incorporated	CT	NIA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	06-1373153				Aetna Life Assignment Company	CT	NIA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-3678339				PE Holdings, LLC	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	06-1423207				Aetna Resources L.L.C.	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-3180700				Canal Place, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-3180700				Aetna Ventures, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	58-2160656				Coram Clinical Trials, Inc.	DE	NIA	Aetna Life Insurance Company	Ownership	25.000	CVS Health Corporation	NO	13
.0001	CVS HEALTH GROUP	00000	85-3918720				CVS Cabot Holdings Inc.	DE	NIA	Coram Clinical Trials, Inc.	Ownership	99.720	CVS Health Corporation	NO	14
.0001	CVS HEALTH GROUP	00000	85-3918567				CVS Shaw Holdings Inc.	DE	NIA	Coram Clinical Trials, Inc.	Ownership	99.720	CVS Health Corporation	NO	15
.0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NIA	CVS Cabot Holdings Inc	Ownership	49.860	CVS Health Corporation	NO	16
.0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NIA	CVS Shaw Holdings Inc	Ownership	49.860	CVS Health Corporation	NO	16
.0001	CVS HEALTH GROUP	00000	41-2035961				Aetna Financial Holdings, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	26-2030792				Aetna Asset Advisors, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0001	CVS HEALTH GROUP	00000	23-2354500				U.S. Healthcare Properties, Inc.	PA	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	38-3704481				Aetna Capital Management, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	11-3667142		0001314522		Aetna Partners Diversified Fund, LLC	DE	NIA	Aetna Capital Management, LLC	Ownership	100.000	CVS Health Corporation	NO	1
.0001	CVS HEALTH GROUP	00000	20-0446676				Aetna Workers' Comp Access, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-0446713				Aetna Behavioral Health, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	23-2670015				Managed Care Coordinators, Inc.	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	59-3269144				Horizon Behavioral Services, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	61-1193498				Employee Assistance Services, LLC	KY	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	33-0052273				Health and Human Resource Center, Inc.	CA	IA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	75-2420973				Resources for Living, LLC	TX	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	36-3681261				The Vasquez Group Inc.	IL	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	22-3178125				Work and Family Benefits, Inc.	NJ	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	27-1773021				Aetna Card Solutions, LLC	CT	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	78700	06-0876836				Aetna Health and Life Insurance Company	CT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	72052	23-2710210				Aetna Health Insurance Company	PA	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	84450	57-0805126				Aetna Health Insurance Company of New York	NY	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	06-1571642				Aetna International LLC	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	98-0211470				Aetna Life & Casualty (Bermuda) Ltd.	BMU	IA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Insurance (Singapore) PTE. LTD.	SGP	IA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	86-1455140				Aetna International Ex Pat LLC	DE	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Bermuda) Limited	BMU	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Goodhealth Worldwide (Global) Limited	BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Europe) Limited	GBR	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Goodhealth Worldwide (Asia) Limited	HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Global Benefits Limited	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					PT. Aetna Global Benefits Indonesia	IDN	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	80.000	CVS Health Corporation	NO	4
.0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Middle East) LLC	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	49.000	CVS Health Corporation	NO	5
							Aetna Global Benefits (Asia Pacific) Limited								
.0001	CVS HEALTH GROUP	00000					PT Aetna Management Consulting	HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Spinnaker Topco Limited	IDN	NIA	Aetna International LLC	Ownership	77.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Spinnaker Bidco Limited	BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Spinnaker Bidco Limited	GBR	NIA	Spinnaker Topco Limited	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Holdco (UK) Limited	GBR	NIA	Spinnaker Bidco Limited	Ownership	100.000	CVS Health Corporation	NO	0
							Aetna Global Benefits (Asia Pacific) Limited								
.0001	CVS HEALTH GROUP	00000					PT Aetna Management Consulting	IDN	NIA	Limited	Ownership	23.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (UK) Limited	GBR	NIA	Aetna Holdco (UK) Limited	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Insurance Company Limited	GBR	IA	Aetna Holdco (UK) Limited	Ownership	100.000	CVS Health Corporation	NO	0
							Aetna Global Benefits (Asia Pacific) Limited								
.0001	CVS HEALTH GROUP	00000					Indian Health Organisation Private Limited	IND	NIA	Limited	Ownership	0.020	CVS Health Corporation	NO	2
							Aetna Health Insurance Company of Europe DAC								
.0001	CVS HEALTH GROUP	00000					Aetna (Shanghai) Enterprise Services Co. Ltd.	IRL	IA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
							Aetna (Beijing) Enterprise Management Services Co., Ltd.	CHN	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Singapore) PTE. LTD.	CHN	NIA	Aetna (Shanghai) Enterprise Services Co. Ltd.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Singapore) PTE. LTD.	SGP	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
							Aetna Global Benefits (Singapore) PTE, LTD.								
.0001	CVS HEALTH GROUP	00000					Indian Health Organisation Private Limited	IND	NIA	Limited	Ownership	99.980	CVS Health Corporation	NO	2
.0001	CVS HEALTH GROUP	00000	22-2578985				AUSHC Holdings, Inc.	CT	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Global Holdings Limited	GBR	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0001	CVS HEALTH GROUP	00000					Aetna Insurance (Hong Kong) Limited	.HKG	IA	Aetna Global Holdings Limited	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	06-1182176				PHPSNE Parent Corporation	.DE	NIA	AUSHC Holdings, Inc.	Ownership	55.000	CVS Health Corporation	NO	7
.0001	CVS HEALTH GROUP	00000	52-2182411				Active Health Management, Inc.	.DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	47-0970432				Health Data & Management Solutions, Inc.	.DE	NIA	Active Health Management, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	23-2604867				CVS Accountable Care Organization Inc.	.PA	NIA	Active Health Management, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	13980	27-2192415				Health Re, Inc.	.VT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	81-0579372				Phoenix Data Solutions LLC	.DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	51-0029326				ASI Wings, LLC	.DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	47-4556274				Echo Merger Sub, Inc.	.DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	47-4547145				Aetna Corporate Services, LLC	.DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	85-3918720				CVS Cabot Holdings Inc.	.DE	NIA	Aetna Inc.	Ownership	0.280	CVS Health Corporation	NO	14
.0001	CVS HEALTH GROUP	00000	85-3918567				CVS Shaw Holdings Inc.	.DE	NIA	Aetna Inc.	Ownership	0.280	CVS Health Corporation	NO	15
.0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	.DE	NIA	Aetna Inc.	Ownership	0.280	CVS Health Corporation	NO	16
.0001	CVS HEALTH GROUP	81973	75-1296086				Coventry Health and Life Insurance Company	.MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	15761	47-3279217				Aetna Better Health of Kentucky Insurance Company	.KY	IA	Coventry Health and Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	52-1801446				Group Dental Service, Inc.	.MD	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95846	52-2056201				Group Dental Service of Maryland, Inc.	.MD	IA	Group Dental Service, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	81-4345344				Aetna Network Services LLC	.CT	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95241	42-1244752				Aetna Health of Iowa Inc.	.IA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95925	42-1308659				Coventry Health Care of Nebraska, Inc.	.NE	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	47-2049117				Aetna Risk Assurance Company of Connecticut Inc.	.CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95173	74-2381406				Aetna Health Inc.	.LA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	11102	23-2366731				HealthAssurance Pennsylvania, Inc.	.PA	RE	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	47-0854096				Coventry Prescription Management Services, Inc.	.NV	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	16148	81-3564875				Aetna Better Health of Nevada Inc.	.NV	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	96555	54-1576305				Coventry Health Care of Virginia, Inc.	.VA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	01-0646056				Coventry Transplant Network, Inc.	.DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	96377	43-1372307				Coventry Health Care of Missouri, Inc.	.MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95318	43-1702094				Aetna Better Health of Missouri LLC	.MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95408	55-0712129				Coventry Health Care of West Virginia, Inc.	.WV	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	62-1411933				Coventry HealthCare Management Corporation	.DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	15827	47-4352768				Aetna HealthAssurance Pennsylvania, Inc.	.PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95489	48-0840330				Coventry Health Care of Kansas, Inc.	.KS	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	16072	81-3370401				Aetna Better Health of Kansas Inc.	.KS	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	12193	20-1052897				Aetna Better Health of Michigan Inc.	.MI	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95407	87-0345631				Aetna Health of Utah Inc.	.UT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-4416606				Aetna Better Health of Tennessee Inc.	.TN	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	74160	37-1241037				Coventry Health Care of Illinois, Inc.	.IL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-8070994				Coventry Health Care National Accounts, Inc.	.DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-5185442				Coventry Health Care National Network, Inc.	.DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	26-1293772				Coventry Consumer Advantage, Inc.	.DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-1736437				First Health Group Corp.	.DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	90328	38-2242132				First Health Life & Health Insurance Company	.TX	IA	First Health Group Corp.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	91-1832429				First Choice of the Midwest LLC	.SD	NIA	First Health Group Corp.	Ownership	100.000	CVS Health Corporation	NO	0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0001	CVS HEALTH GROUP	00000	52-1320522				Claims Administration Corp.	MD	NIA	First Health Group Corp.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-1130063				Florida Health Plan Administrators, LLC	FL	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95114	65-0986441				Aetna Better Health of Florida Inc.	FL	IA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95266	65-0453436				Coventry Health Plan of Florida, Inc.	FL	IA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	59-3750548				Carefree Insurance Services, Inc.	FL	NIA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	92-0614894				bswift Resources LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Virtual Home Healthcare L.L.C.	ARE	NIA	Aetna Global Holdings Limited	Ownership	49.000	CVS Health Corporation	NO	12
.0001	CVS HEALTH GROUP	00000	26-1582982				MHNet Specialty Services, LLC	MD	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	37-1448790				Mental Health Network of New York IPA, Inc.	NY	NIA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	72-1106596				Mental Health Associates, Inc.	LA	NIA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-4276336				MHNet of Florida, Inc.	FL	NIA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	16242	81-5030233				Aetna Better Health of Washington, Inc.	WA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	81-5212760				Banner Health and Aetna Health Insurance Holding Company LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	NO	9
.0001	CVS HEALTH GROUP	16058	81-5281115				Banner Health and Aetna Health Insurance Company	AZ	IA	Banner Health and Aetna Health Insurance Holding Company LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	16059	81-5290023				Banner Health and Aetna Health Plan Inc.	AZ	IA	Banner Health and Aetna Health Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	81-5112888				Allina Health and Aetna Health Insurance Holding Company LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	NO	10
.0001	CVS HEALTH GROUP	16194	82-2091197				Allina Health and Aetna Insurance Company	MN	IA	Allina Health and Aetna Health Insurance Holding Company LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	17352	87-2843387				Allina Health and Aetna Health Plan Inc.	MN	IA	Allina Health and Aetna Health Insurance Holding Company LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	82-2171057				Sutter Health and Aetna Insurance Holding Company LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	NO	11
.0001	CVS HEALTH GROUP	00000	82-2560624				Sutter Health and Aetna Administrative Services LLC	DE	NIA	Sutter Health and Aetna Insurance Holding Company LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	16979	82-2567822				Sutter Health and Aetna Insurance Company	CA	IA	Sutter Health and Aetna Insurance Holding Company LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	82-3031812				Aetna Pharmacy Management Services LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	16558	82-3333789				Aetna Better Health of North Carolina Inc.	NC	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	14053	27-2186150				Aetna Better Health of Illinois Inc.	IL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	87-3223066				Aetna Better Health of Indiana Inc.	IN	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

Asterisk	Explanation
1	Aetna Life Insurance Company owns substantially all of the non-managing membership interests of Aetna Partners Diversified Fund LLC.
2	Indian Health Organisation Private Limited is 0.019857% owned by Aetna Global Benefits (Asia Pacific) and 99.980143% owned by Aetna Global Benefits (Singapore) PTE. LTD.
3	Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
4	PT. Aetna Global Benefits Indonesia is also 20% owned by Suhatsyah Rivai, Aetna's Nominee.
5	Aetna Global Benefits (Middle East) LLC is also 51% owned by Euro Gulf LLC, Aetna's Nominee.
6	Innovation Health Holdings LLC. Is also 50% owned by Inova Health System Foundation.
7	PHPSNE Parent Corporation is 55% owned by AUSHC Holdings, Inc. The remaining 45% is owned by thirteen different hospitals (non-affiliates) which are shareholders with varying degrees of ownership.
8	Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources.
9	Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.
10	Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health System.
11	Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.
12	Virtual Home Health Care L.L.C. is also 51% owned by CBD Commercial Brokers LLC, Aetna's Nominee.
13	Coram Clinical Trials, Inc. is 75% owned by CVS Pharmacy, Inc. and 25% owned by Aetna Life Insurance Company.
14	CVS Cabot Holdings Inc is owned 99.72% by Coram Clinical Trials, Inc. and 0.28% owned by Aetna Inc.
15	CVS Shaw Holdings Inc is owned 99.72% by Coram Clinical Trials, Inc. and 0.28% owned by Aetna Inc.
16	Omnicare, LLC is 0.28% owned by Aetna Inc. The Company is also owned by CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc., with 49.86% each ownership.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	20-0446713	Aetna Behavioral Health, LLC					(986,986)				(986,986)	
12328	20-2207534	Aetna Better Health Inc (a Georgia Corporation)					(12,204,232)				(12,204,232)	
13174	26-2867560	Aetna Better Health, Inc. (a Connecticut Corporation)					(19,102)				(19,102)	
13735	27-0563973	Aetna Better Health Inc. (a Pennsylvania corporation)	(53,000,000)		(13,217,693)		(92,381,006)				(158,598,699)	
00000	47-5178095	Aetna Better Health of California Inc.					44,121,622				44,121,622	
15805	47-3850677	Aetna Health of Ohio Inc.		2,500,000			(18,972,871)				(16,472,871)	
16072	81-3370401	Aetna Better Health of Kansas Inc.	(24,000,000)		355,770		(107,780,127)				(131,424,357)	
15761	47-3279217	Aetna Better Health of Kentucky Insurance Company	(33,500,000)		2,194,491		(140,268,351)				(171,573,860)	
12193	20-1052897	Aetna Better Health of Michigan Inc.	(16,500,000)				(41,007,941)				(57,507,941)	
95318	43-1702094	Aetna Better Health of Missouri LLC					328,530				328,530	
15919	81-1143850	Aetna Better Health of Oklahoma Inc.					(7,857,846)				(7,857,846)	
95040	74-1844335	Aetna Better Health of Texas, Inc.			592,950		(72,362,711)				(71,769,761)	
16242	81-5030233	Aetna Better Health of Washington, Inc.					(14,352,701)				(14,352,701)	
95114	65-0986441	Aetna Better Health of Florida Inc.	(85,000,000)				(105,982,704)				(190,982,704)	
15616	80-0629718	Aetna Better Health, Inc. (a Louisiana corporation)	(14,900,000)		1,610,634		(59,170,210)				(72,459,576)	
14043	27-2512072	Aetna Better Health Premier Plan MMAI Inc.	(15,200,000)		(2,010,166)		(19,257,519)				(36,467,685)	
14053	27-2186150	Aetna Better Health of Illinois Inc.	(38,000,000)		(39,597,518)		(218,264,897)				(295,862,415)	
15611	46-3203088	Aetna Better Health Inc. (a New Jersey corporation)		7,500,000			(87,744,475)				(80,244,475)	
14408	45-2634734	Aetna Better Health Inc. (a New York corporation)			554,774		(31,531,459)				(30,976,685)	
14229	45-2764938	Aetna Better Health Inc. (an Ohio corporation)	(43,700,000)		2,505,432		(70,319,598)				(111,514,166)	
11183	22-2990909	Aetna Dental Inc. (a New Jersey corporation)					(850,721)				(850,721)	
95910	06-1177531	Aetna Dental Inc. (a Texas corporation)	(12,000,000)				(7,203,296)	(41,066)			(19,244,362)	
00000	06-1160812	Aetna Dental of California Inc.					4,389,492				4,389,492	
78700	06-0876836	Aetna Health and Life Insurance Company	(80,000,000)		2,751,681		(147,007,667)				(224,255,986)	
00000	30-0123754	Aetna Health Holdings, LLC	869,600,000	(52,500,000)							817,100,000	
95088	59-2411584	Aetna Health Inc. (a Florida corporation)					(115,495,855)				(115,495,855)	
95094	58-1649568	Aetna Health Inc. (a Georgia corporation)					(7,703,393)				(7,703,393)	
95241	42-1244752	Aetna Health of Iowa Inc.	(10,000,000)				2,276,848				(7,723,152)	
95517	01-0504252	Aetna Health Inc. (a Maine corporation)					(6,474,889)				(6,474,889)	
95756	23-2861565	Aetna Health of Michigan Inc.		20,000,000			(9,954,736)				10,045,264	
95287	52-1270921	Aetna Health Inc. (a New Jersey corporation)					(37,391,308)				(37,391,308)	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95234	22-2663623	Aetna Health Inc. (a New York corporation)			1,377,987		30,016,149				31,394,136	
95109	23-2169745	Aetna Health Inc. (a Pennsylvania corporation)	(150,000,000)		(26,105,718)		(208,225,287)	4,982,421			(379,348,584)	10,583,804
95935	23-2442048	Aetna Health Inc. (a Connecticut corporation)	(6,300,000)		208,080		1,754,464				(4,337,456)	
95490	76-0189680	Aetna Health Inc. (a Texas corporation)	(50,000,000)	22,500,000	731,617		(6,991,821)	(974,646)			(34,734,850)	1,557,406
95173	74-2381406	Aetna Health Inc. (LA)					(4,848,145)				(4,848,145)	
72052	23-2710210	Aetna Health Insurance Company					(146,564,694)	(113,085)			(146,677,779)	
84450	57-0805126	Aetna Health Insurance Company of New York					(39,081)				(39,081)	
00000	13-3670795	Aetna Health Management, LLC					(2,896,723,096)				(2,896,723,096)	
00000	95-3402799	Aetna Health of California Inc.	(20,000,000)		920,044		97,757,355				78,677,399	
15827	47-4352768	Aetna Health Assurance Pennsylvania Inc.	(20,000,000)				(6,179,030)				(26,179,030)	
00000	23-2229683	Aetna Inc.	2,142,425,000	(38,425,000)			82,774,623				2,186,774,623	
36153	06-1286276	Aetna Insurance Company of Connecticut			52,771						52,771	
60054	06-6033492	Aetna Life Insurance Company	(1,900,425,000)	99,237,329	122,428,847		6,000,786,941	(308,076,320)			4,013,951,797	1,436,754,413
00000	86-0842559	Aetna Medicaid Administrators, LLC					1,077,105,239				1,077,105,239	
00000	11-3667142	Aetna Partners Diversified Fund, LLC			(100,156,911)						(100,156,911)	
00000	06-1423207	Aetna Resources LLC					(2,372,740,033)				(2,372,740,033)	
00000	20-3180700	Aetna Ventures, LLC			(2,684,405)						(2,684,405)	
16194	82-2091197	Allina Health and Aetna Insurance Company		8,080,000			(6,515,019)	(218,474)			1,346,507	
95407	87-0345631	Aetna Health of Utah Inc.	(3,000,000)				(9,223,104)				(12,223,104)	
12321	20-2901054	American Continental Insurance Company					(36,507,439)				(36,507,439)	
00000	31-1368946	American Health Holding, Inc.					60,000				60,000	
00000	81-5212760	Banner Health and Aetna Health Insurance Holding Company LLC					4,183,332				4,183,332	
16059	81-5290023	Banner Health and Aetna Health Plan Inc.					(1,266,013)	903,393			(362,620)	(129,110)
16058	81-5281115	Banner Health and Aetna Health Insurance Company					(63,035,044)	3,072,155			(59,962,889)	(32,968,692)
74160	37-1241037	Coventry Health Care of Illinois, Inc.	(20,200,000)		419,676		(20,595,394)				(40,375,718)	
96377	43-1372307	Coventry Health Care of Missouri, Inc.	(20,000,000)		877,201		(77,595,444)				(96,718,243)	
81973	75-1296086	Coventry Health and Life Insurance Company	(146,500,000)		4,338,451		(64,597,648)				(206,759,197)	
68500	62-1181209	Continental Life Insurance Company of Brentwood, Tennessee	(25,000,000)				(190,788,952)				(215,788,952)	
95925	42-1308659	Coventry Health Care of Nebraska, Inc.					(16,727,620)				(16,727,620)	
96555	54-1576305	Coventry Health Care of Virginia, Inc.	(107,000,000)				(202,602,714)				(309,602,714)	
95408	55-0712129	Coventry Health Care of West Virginia, Inc.	(22,800,000)		1,395,084		(99,716,847)				(121,121,763)	
95266	65-0453436	Coventry Health Plan of Florida, Inc.		27,000,000			(3,918,769)				23,081,231	
95489	48-0840330	Coventry Health Care of Kansas, Inc.	(13,000,000)				3,427,605				(9,572,395)	
00000	20-1736437	First Health Group Corp	12,100,000								12,100,000	

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
90328	38-2242132	First Health Life & Health Insurance Company	(12,100,000)				(16,066,331)				(28,166,331)	
00000	20-1130063	Florida Health Plan Administrators, LLC	85,000,000	(27,000,000)							58,000,000	
95846	52-2056201	Group Dental Service of Maryland, Inc.					(82,980)				(82,980)	
00000	33-0052273	Health and Human Resources Center, Inc.					5,005,164				5,005,164	
13980	27-2192415	Health Re, Inc.	(137,000,000)	(45,000,000)			(100,000)	276,175,565			94,075,565	(1,284,620,486)
11102	23-2366731	HealthAssurance Pennsylvania, Inc.	(30,000,000)		592,950		(40,753,260)				(70,160,310)	
15097	46-0674828	Innovation Health Insurance Company					(31,766,131)	21,738,376			(10,027,755)	(44,008,625)
15098	46-0682197	Innovation Health Plan, Inc.					(221,976)	(6,033,061)			(6,255,037)	(10,454,694)
00000	81-3789357	Texas Health + Aetna Health Insurance Holding Company LLC					(5,084,523)				(5,084,523)	
16132	47-5548221	Texas Health + Aetna Health Plan Inc.					54,546	973,456			1,028,002	(1,557,406)
16121	81-4749336	Texas Health + Aetna Health Insurance Company						8,705,420			8,705,420	(60,239,862)
16558	82-3333789	Aetna Better Health of North Carolina Inc.					(11,442)				(11,442)	
00000	05-0494040	CVS Health Corporation					572,344,546				572,344,546	
00000	06-1270755	AHP Holdings, Inc.		(15,812,329)							(15,812,329)	
00000		CVS INDEMNITY			1,527,687						1,527,687	
00000	91-1774434	PayFlex Systems USA, Inc.					22,841,862				22,841,862	(14,916,748)
00000	52-1801446	Group Dental Service, Inc.					52,598				52,598	
00000	52-1320522	Claims Administration Corp.					(3,500,860)				(3,500,860)	
00000	98-0211470	Aetna Life & Casualty (Bermuda) Ltd.					(481,570)				(481,570)	
12575	20-2833904	SilverScript Insurance Co.					(511,189,336)	(54,162,859)			(565,352,195)	95,240,590
63444	06-1566092	Accendo Insurance Company		(210,000,000)			207,403,106	13,540,712			10,943,818	(23,810,147)
00000	33-1113587	CVS Caremark Part D Services, LLC					312,043,525				312,043,525	
00000	05-0500188	CVS Caremark Indemnity, Ltd.						40,622,147			40,622,147	(71,430,443)
00000	45-4901541	Aetna ACO Holdings, Inc.		(8,080,000)							(8,080,000)	
00000		CVS Pharmacy					427,516				427,516	
00000	87-2843387	Allina Health and Aetna Health Plan Inc.					(122)				(122)	
00000	16-1264154	Meritain Health, Inc.					2,007,987				2,007,987	
16979	82-2567822	Sutter Health and Aetna Insurance Company					(9,952)	(1,094,134)			(1,104,086)	
00000		Innovation Health Holdings, LLC					6,053,228				6,053,228	
00000		CVS HEALTH VENTURES, LP			38,336,284						38,336,284	
	61-1715010	Part D Holding Company, LLC		210,000,000							210,000,000	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
Accendo Insurance Company	Part D Holding Company, L.L.C.	100.000	NO	CVS Health Corporation			
Aetna Better Health Inc. (CT)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Better Health Inc. (NJ)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Better Health Inc. (OH)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Better Health Inc. (PA)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Better Health Inc. (GA)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Better Health of Florida Inc.	Florida Health Plan Administrators, LLC	100.000	NO	CVS Health Corporation			
Aetna Better Health of Illinois Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Better Health of Kansas Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Better Health of Kentucky Insurance Company	Coventry Health and Life Insurance Company	100.000	NO	CVS Health Corporation			
Aetna Better Health of Michigan Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Better Health of Missouri LLC	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Better Health of North Carolina Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Better Health of Oklahoma Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Better Health of Texas Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Better Health of Washington, Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Better Health Premier Plan MMAI Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Better Health, Inc. (LA)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Dental Inc. (NJ)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Dental Inc. (TX)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Health and Life Insurance Company	Aetna Inc.	100.000	NO	CVS Health Corporation			
Aetna Health Inc. (CT)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Health Inc. (ME)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Health Inc. (NJ)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Health Inc. (NY)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Health Inc. (PA)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Health Inc. (FL)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Health Inc. (LA)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Health Inc. (TX)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Health Inc. (GA)	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Health Insurance Company	Aetna Inc.	100.000	NO	CVS Health Corporation			
Aetna Health Insurance Company of New York	Aetna Inc.	100.000	NO	CVS Health Corporation			
Aetna Health of Iowa Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Health of Michigan Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Health of Ohio Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Health of Utah Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna HealthAssurance Pennsylvania, Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Aetna Life Insurance Company	Aetna Inc.	100.000	NO	CVS Health Corporation			
Allina Health and Aetna Insurance Company	Allina Health and Aetna Health Insurance Holding Company LLC	50.000	NO	CVS Health Corporation			
Allina Health and Aetna Insurance Company	Allina Health and Aetna Health Insurance Holding Company LLC	50.000	NO	Allina Health System			
Allina Health and Aetna Health Plan Inc.	Allina Health and Aetna Health Insurance Holding Company LLC	50.000	NO	CVS Health Corporation			

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company

SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control Affiliation of Column 5 Over Column 6 (Yes/No)
Allina Health and Aetna Health Plan Inc.	Allina Health and Aetna Health Insurance Holding Company LLC	50.000	NO	Allina Health System			
American Continental Insurance Company	Continental Life Insurance Company of Brentwood, Tennessee	100.000	NO	CVS Health Corporation			
Banner Health and Aetna Health Insurance Company	Banner Health and Aetna Health Insurance Holding Company LLC	50.000	NO	CVS Health Corporation			
Banner Health and Aetna Health Insurance Company	Banner Health and Aetna Health Insurance Holding Company LLC	50.000	NO	Banner Health			
Banner Health and Aetna Health Plan Inc.	Banner Health and Aetna Health Insurance Company	50.000	NO	CVS Health Corporation			
Banner Health and Aetna Health Plan Inc.	Banner Health and Aetna Health Insurance Company	50.000	NO	Banner Health			
Continental Life Insurance Company of Brentwood, Tennessee	Aetna Inc.	100.000	NO	CVS Health Corporation			
Coventry Health and Life Insurance Company	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Coventry Health Care of Illinois, Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Coventry Health Care of Kansas, Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Coventry Health Care of Missouri, Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Coventry Health Care of Nebraska, Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Coventry Health Care of Virginia, Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Coventry Health Care of West Virginia, Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Coventry Health Plan of Florida, Inc.	Florida Health Plan Administrators, LLC	100.000	NO	CVS Health Corporation			
First Health Life & Health Insurance Company	First Health Group Corp.	100.000	NO	CVS Health Corporation			
Group Dental Service of Maryland, Inc.	Group Dental Service, Inc.	100.000	NO	CVS Health Corporation			
HealthAssurance Pennsylvania, Inc.	Aetna Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Innovation Health Insurance Company	Innovation Health Holdings, LLC	50.000	NO	CVS Health Corporation			
Innovation Health Insurance Company	Innovation Health Holdings, LLC	50.000	NO	Inova Health System Foundation			
Innovation Health Plan, Inc.	Innovation Health Insurance Company	50.000	NO	CVS Health Corporation			
Innovation Health Plan, Inc.	Innovation Health Insurance Company	50.000	NO	Inova Health System Foundation			
SilverScript Insurance Company	Part D Holding Company, L.L.C.	100.000	NO	CVS Health Corporation			
Sutter Health and Aetna Insurance Company	Sutter Health and Aetna Insurance Holding Company LLC	50.000	NO	CVS Health Corporation			
Sutter Health and Aetna Insurance Company	Sutter Health and Aetna Insurance Holding Company LLC	50.000	NO	Sutter Health Plan Products Organization, LLC			
Texas Health + Aetna Health Insurance Company	Texas Health + Aetna Health Insurance Holding Company LLC	50.000	NO	CVS Health Corporation			
Texas Health + Aetna Health Insurance Company	Texas Health + Aetna Health Insurance Holding Company LLC	50.000	NO	Texas Health Resources			
Texas Health + Aetna Health Plan Inc.	Texas Health + Aetna Health Insurance Company	50.000	NO	CVS Health Corporation			
Texas Health + Aetna Health Plan Inc.	Texas Health + Aetna Health Insurance Company	50.000	NO	Texas Health Resources			

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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










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

SUPPLEMENTAL FILINGS

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

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
11. No life business written	
12.	
13.	
14.	
16.	
17.	
18.	
19.	
20. No life business written	
22.	

Bar Codes:

1. Supplemental Compensation Exhibit [Document Identifier 460]	
11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	
19. Long-Term Care Experience Reporting Forms [Document Identifier 306]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Life Supplement [Document Identifier 211]



22. Supplemental Health Care Exhibit's Expense Allocation Report
[Document Identifier 217]





SUPPLEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Tennessee.....
 NAIC Group Code 0001..... NAIC Company Code 12575.....
 ADDRESS (City, State and Zip Code) Franklin, TN 37064.....
 Person Completing This Exhibit Brandon Morgan.....
 Title Actuarial Director..... Telephone Number 401-746-7287.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
.....YES.....	SLVDTC19F.....	.....F.....	.....NO.....	.....0034000.....					Medicare Supplement Insurance.....	.....0.....	.....0.0.....	.....0.....	.....8,283.....	.....6,857.....	.....82.8.....	.....4.....
.....YES.....	SLVDTC19G.....	.....G.....	.....NO.....	.....0034000.....					Medicare Supplement Insurance.....	.....0.....	.....0.0.....	.....0.....	.....1,341.....	.....163.....	.....12.2.....	.....1.....
0199999. Total Experience on Individual Policies										0	0	0.0	0	9,624	7,020	72.9	5

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: Franklin, TN 37064.....
 2.2 Contact Person and Phone Number: Adam Wood.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: Hartford, CT 06156.....
 3.2 Contact Person and Phone Number: Xiaoqi Wang 401-770-9669.....
4. Explain any policies identified above as policy type "O"......



SUPPLEMENT FOR THE YEAR 2022 OF THE SilverScript Insurance Company
MEDICARE PART D COVERAGE SUPPLEMENT
 (Net of Reinsurance)

NAIC Group Code 0001

(To Be Filed by March 1)

NAIC Company Code 12575

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	1,159,956,090	XXX		XXX	1,159,956,090
1.12 Without Reinsurance Coverage		XXX	81,626,368	XXX	81,626,368
1.13 Risk-Corridor Payment Adjustments	24,563,704	XXX		XXX	24,563,704
1.2 Supplemental Benefits	285,052,962	XXX		XXX	285,052,962
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	8,320,449	XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX	(1,306,575)	XXX	XXX
2.2 Supplemental Benefits	1,210,357	XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage	1,009,812	XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX	53,520	XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable	37,552,344	XXX		XXX	XXX
4.2 Payable	(1,175,721)	XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	1,167,266,727	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	80,266,273	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	60,940,327	XXX	0	XXX	XXX
5.2 Supplemental Benefits	286,263,319	XXX	0	XXX	XXX
6. Total Premiums	1,514,470,373	XXX	80,266,273	XXX	1,551,199,124
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	1,084,425,139	XXX		XXX	1,084,425,139
7.12 Without Reinsurance Coverage		XXX	60,140,743	XXX	60,140,743
7.2 Supplemental Benefits	104,051,289	XXX		XXX	104,051,289
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	42,486,058	XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX	1,304,980	XXX	XXX
9.2 Supplemental Benefits	10,182,045	XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	1,041,939,081	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	58,835,763	XXX	XXX
10.2 Supplemental Benefits	93,869,244	XXX	0	XXX	XXX
11. Total Claims	1,135,808,325	XXX	58,835,763	XXX	1,248,617,171
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied	XXX	(619,706,105)	XXX	320,083,940	(299,622,165)
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		0
12.3 Reimbursements Receivable-change	XXX	(619,706,105)	XXX	320,083,940	XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid	314,692,769	XXX	16,678,581	XXX	331,371,350
15. Expenses Incurred	311,989,453	XXX	16,535,306	XXX	XXX
16. Underwriting Gain/Loss	66,672,595	XXX	4,895,204	XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	270,832,768