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HEALTH ANNUAL STATEMENT

AS OF DECEMBER 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

SilverScript Insurance Company

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

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 (Street and Number) Franklin, TN, US 37064 (City or Town, State, Country and Zip Code)

Main Administrative Office 1021 Reams Fleming Boulevard (Street and Number)

Franklin, TN, US 37064 (City or Town, State, Country and Zip Code) 615-807-7500 (Area Code) (Telephone Number)

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

Primary Location of Books and Records 1021 Reams Fleming Boulevard (Street and Number)

Franklin, TN, US 37064 (City or Town, State, Country and Zip Code) 615-807-7500 (Area Code) (Telephone Number)

Internet Website Address www.silverscript.com

Statutory Statement Contact Xiaoqi Wang (Name) 401-770-9669 (Area Code) (Telephone Number)

Xiaoqi.Wang@CVSHealth.com (E-mail Address) 401-733-0136 (FAX Number)

OFFICERS

President Barbara Noel Hennessy # (effective 2/11/25) Controller Xiaoqi Wang

Vice President and Secretary Edward Chung-I Lee

OTHER

Derek Scott Blunt, Senior Investment Officer; Jeffrey James Drzazgowski, Appointed Actuary; Nicole Rose Murowsky, President # (through 2/11/25); Tracy Louise Smith, Vice President and Treasurer

DIRECTORS OR TRUSTEES

Barbara Noel Hennessy # (effective 2/11/25); Russell Jay Lask #; Edward Chung-I Lee #; Nicole Rose Murowsky # (through 2/11/25)

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.

Barbara Noel Hennessy President	Edward Chung-I Lee Vice President and Secretary	Xiaoqi Wang Controller
State of..... Connecticut County of..... Hartford	State of..... Connecticut County of..... Hartford	State of..... Pennsylvania County of..... Montgomery
Subscribed and sworn to before me this 19 day of February, 2025	Subscribed and sworn to before me this ____ day of _____, 2025	Subscribed and sworn to before me this ____ day of _____, 2025
E. Deitelbaum NOTARY PUBLIC (Seal)	NOTARY PUBLIC (Seal)	NOTARY PUBLIC (Seal)

ELIZABETH DEITELBAUM
Notary Public, State of Connecticut
My Commission Expires Feb. 28, 2027

a. Is this an original filing? ..... Yes [X] No [ ]

b. If no,

1. State the amendment number.....
2. Date filed .....
3. Number of pages attached.....

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Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [ ] No [ ]

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Xiaoqi.Wang@CVSHealth.com (E-mail Address) 401-733-0136 (FAX Number)

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Vice President and Secretary Edward Chung-I Lee

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DIRECTORS OR TRUSTEES

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Barbara Noel Hennessy President	Edward Chung-I Lee Vice President and Secretary	Xiaoqi Wang Controller
State of..... Connecticut County of..... Hartford	State of..... Connecticut County of..... Hartford	State of..... Pennsylvania County of..... Montgomery
Subscribed and sworn to before me this ____ day of _____, 2025	Subscribed and sworn to before me this 25 day of February, 2025	Subscribed and sworn to before me this ____ day of _____, 2025
NOTARY PUBLIC (Seal)	NOTARY PUBLIC (Seal)	NOTARY PUBLIC (Seal)

VICTORIA WOLLSCHLAGER
Notary Public, State of Connecticut
My Commission Expires Sep. 30, 2027

a. Is this an original filing? ..... Yes [X] No [ ]
b. If no,
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Country of Domicile United States of America

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Controller Xiaoqi Wang
Vice President and Secretary Edward Chung-I Lee

OTHER

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Russell Jay Lask #
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Barbara Noel Hennessy President	Edward Chung-I Lee Vice President and Secretary	Xiaoqi Wang Controller
State of..... Connecticut County of..... Hartford	State of..... Connecticut County of..... Hartford	State of..... Pennsylvania County of..... Montgomery
Subscribed and sworn to before me this ____ day of _____, 2025	Subscribed and sworn to before me this ____ day of _____, 2025	Subscribed and sworn to before me this 13th day of February, 2025
NOTARY PUBLIC (Seal)	NOTARY PUBLIC (Seal)	NOTARY PUBLIC (Seal)

Commonwealth of Pennsylvania - Notary Seal
KIM E. ROTH, Notary Public
Montgomery County
My Commission Expires April 25, 2025
Commission Number 1141410

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 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	759,967	1,173,372	700,848	16,691,011	16,752,314	2,572,884
Group Subscribers:						
Group Subscribers	34,937	2,381,634	33,822	(62,548)	84,383	2,303,462
0299997. Group subscriber subtotal	34,937	2,381,634	33,822	(62,548)	84,383	2,303,462
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	34,937	2,381,634	33,822	(62,548)	84,383	2,303,462
0399999. Premiums due and unpaid from Medicare entities	26,561,530					26,561,530
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	27,356,434	3,555,006	734,670	16,628,463	16,836,697	31,437,876

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebates- Part D Services, LLC	169,175,404					169,175,404
Pharmaceutical Rebates- Aetna Health Management, LLC	22,252,949					22,252,949
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	191,428,353	0	0	0	0	191,428,353
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
Performance Network Rebate- Part D Servies, LLC	0	0	0	16,933,004	16,933,004	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed	15,613,728					15,613,728
0699999. Total Other Health Care Receivables	15,613,728	0	0	16,933,004	16,933,004	15,613,728
0799999 Gross health care receivables	207,042,081	0	0	16,933,004	16,933,004	207,042,081

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	6
	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	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	144,976,732	3,404,556,415	0	191,428,353	144,976,732	214,766,865
2. Claim overpayment receivables	0				0	4,916,642
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables	0				0	526,875
5. Risk sharing receivables					0	0
6. Other health care receivables	401,299,392	0	16,933,004	15,613,728	418,232,396	462,526,153
7. Totals (Lines 1 through 6)	546,276,124	3,404,556,415	16,933,004	207,042,081	563,209,128	682,736,535

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	407,376	16,860	11,462	(108)	10,319	445,909
0399999. Aggregate accounts not individually listed-covered	39,064,807	173,037	117,633	(1,107)	105,911	39,460,281
0499999. Subtotals	39,472,183	189,897	129,095	(1,215)	116,230	39,906,190
0599999. Unreported claims and other claim reserves						160,741,281
0699999. Total amounts withheld						
0799999. Total claims unpaid						200,647,471
0899999 Accrued medical incentive pool and bonus amounts						91,676,576

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
CVS Caremark Part D Services, L.L.C.				266,111	266,111		
0199999. Individually listed receivables	0	0	0	266,111	266,111	0	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	266,111	266,111	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Aetna Health Management, LLC		222,276,782	222,276,782	
CVS Caremark Part D Services, L.L.C.		23,941,016	23,941,016	
0199999. Individually listed payables		246,217,798	246,217,798	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		246,217,798	246,217,798	0

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	32,746,628	0.8	144,791	3.9		32,746,628
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	32,746,628	0.8	144,791	3.9	0	32,746,628
Other Payments:						
5. Fee-for-service	122,049,160	3.1	XXX	XXX	0	122,049,160
6. Contractual fee payments	3,799,169,486	95.9	XXX	XXX	2,549,592,924	1,249,576,562
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	
8. Bonus/withhold arrangements - contractual fee payments	6,433,714	0.2	XXX	XXX	0	6,433,714
9. Non-contingent salaries	0	0.0	XXX	XXX	0	
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	3,927,652,360	99.2	XXX	XXX	2,549,592,924	1,378,059,436
13. TOTAL (Line 4 plus Line 12)	3,960,398,988	100%	XXX	XXX	2,549,592,924	1,410,806,064

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, EQUIPMENT AND SUPPLIES OWNED

NONE

	Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1.	Administrative furniture and equipment						
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						

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 Alabama DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	49,666			0				0					49,666	
2. First Quarter	35,927			0				1					35,926	
3. Second Quarter	33,856			0				2					33,854	
4. Third Quarter	33,388			0				1					33,387	
5. Current Year	32,969			0				10					32,959	
6. Current Year Member Months	410,009			0				41					409,968	
Total Member Ambulatory Encounters for Year:														
7 Physician	335							335						
8. Non-Physician	493							493						
9. Total	828	0	0	0	0	0	0	828	0	0	0	0	0	0
10. Hospital Patient Days Incurred	49							49						
11. Number of Inpatient Admissions	3							3						
12. Health Premiums Written (b)	38,218,564			0				40,130					38,178,434	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	25,503,438			0				40,130					25,463,308	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	22,084,279			0				110,594					21,973,685	
18. Amount Incurred for Provision of Health Care Services	28,816,038			0				110,594					28,705,444	

(a) For health business: number of persons insured under PPO managed care products 4 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 $ 38,218,564

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 Alaska DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	4,730			0				0					4,730	
2. First Quarter	4,378			0				0					4,378	
3. Second Quarter	4,096			0				0					4,096	
4. Third Quarter	4,335			0				0					4,335	
5. Current Year	4,552			0				0					4,552	
6. Current Year Member Months	51,954			0				0					51,954	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	2,481,651			0				0					2,481,651	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	2,377,893			0				0					2,377,893	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	2,463,247			0				0					2,463,247	
18. Amount Incurred for Provision of Health Care Services	2,870,999			0				0					2,870,999	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 2,481,651

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 Arizona DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	83,457			0				0					83,457	
2. First Quarter	62,953			2				1					62,950	
3. Second Quarter	61,215			2				0					61,213	
4. Third Quarter	61,166			2				0					61,164	
5. Current Year	60,995			2				5					60,988	
6. Current Year Member Months	739,171			24				16					739,131	
Total Member Ambulatory Encounters for Year:														
7 Physician	37							37						
8. Non-Physician	66							66						
9. Total	103	0	0	0	0	0	0	103	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1							1						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	40,523,273			4,067				5,312					40,513,894	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	34,510,572			4,057				5,312					34,501,203	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	25,349,971			716				21,652					25,327,603	
18. Amount Incurred for Provision of Health Care Services	30,915,934			716				21,652					30,893,566	

(a) For health business: number of persons insured under PPO managed care products 5 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 $ 40,519,206

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 Arkansas DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	70,857			0				1					70,856	
2. First Quarter	68,263			0				0					68,263	
3. Second Quarter	66,973			0				0					66,973	
4. Third Quarter	66,585			0				0					66,585	
5. Current Year	65,978			0				1					65,977	
6. Current Year Member Months	805,901			0				3					805,898	
Total Member Ambulatory Encounters for Year:														
7 Physician	10							10						
8. Non-Physician	26							26						
9. Total	36	0	0	0	0	0	0	36	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0							0						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	49,641,234			0				1,737					49,639,497	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	53,502,749			0				1,737					53,501,012	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	41,906,572			0				1,764					41,904,808	
18. Amount Incurred for Provision of Health Care Services	49,027,713			0				1,764					49,025,949	

(a) For health business: number of persons insured under PPO managed care products 1 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 $ 49,641,234

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 California DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	649,954			1				0					649,953	
2. First Quarter	329,316			1				0					329,315	
3. Second Quarter	308,016			1				0					308,015	
4. Third Quarter	303,479			1				4					303,474	
5. Current Year	300,700			1				4					300,695	
6. Current Year Member Months	3,686,587			12				23					3,686,552	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	176,064,954			1,461				13,633					176,049,860	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	391,979,043			1,457				13,633					391,963,953	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	233,110,752			20,648				10,113					233,079,991	
18. Amount Incurred for Provision of Health Care Services	327,240,352			20,648				10,113					327,209,591	

(a) For health business: number of persons insured under PPO managed care products 3 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 $ 176,063,493

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 Colorado DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	47,319			0				0					47,319	
2. First Quarter	31,194			0				0					31,194	
3. Second Quarter	29,552			0				0					29,552	
4. Third Quarter	29,409			0				2					29,407	
5. Current Year	29,300			0				4					29,296	
6. Current Year Member Months	357,944			0				11					357,933	
Total Member Ambulatory Encounters for Year:														
7 Physician	17							17						
8. Non-Physician	19							19						
9. Total	36	0	0	0	0	0	0	36	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0							0						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	23,053,033			0				1,540					23,051,493	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	27,482,742			0				1,540					27,481,202	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	17,237,504			0				4,259					17,233,245	
18. Amount Incurred for Provision of Health Care Services	22,271,077			0				4,259					22,266,818	

(a) For health business: number of persons insured under PPO managed care products 4 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 $ 23,053,033

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 Connecticut DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	46,029			0				0					46,029	
2. First Quarter	28,578			0				0					28,578	
3. Second Quarter	26,835			0				0					26,835	
4. Third Quarter	26,699			0				0					26,699	
5. Current Year	26,609			0				0					26,609	
6. Current Year Member Months	326,924			0				0					326,924	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	23,229,555			0				0					23,229,555	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	28,379,311			0				0					28,379,311	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	19,323,376			0				0					19,323,376	
18. Amount Incurred for Provision of Health Care Services	25,939,094			0				0					25,939,094	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 23,229,555

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 Delaware DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	16,245			0				0					16,245	
2. First Quarter	15,073			0				0					15,073	
3. Second Quarter	14,900			0				0					14,900	
4. Third Quarter	14,982			0				0					14,982	
5. Current Year	14,889			0				0					14,889	
6. Current Year Member Months	179,656			0				0					179,656	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	11,376,398			0				0					11,376,398	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	12,925,633			0				0					12,925,633	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	10,103,661			0				0					10,103,661	
18. Amount Incurred for Provision of Health Care Services	11,774,896			0				0					11,774,896	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 11,376,398

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 District of Columbia DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	6,863			0				0					6,863	
2. First Quarter	7,048			0				0					7,048	
3. Second Quarter	6,870			0				0					6,870	
4. Third Quarter	6,786			0				0					6,786	
5. Current Year	6,660			0				0					6,660	
6. Current Year Member Months	82,394			0				0					82,394	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	6,910,389			0				0					6,910,389	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	8,100,277			0				0					8,100,277	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	5,945,074			0				0					5,945,074	
18. Amount Incurred for Provision of Health Care Services	6,783,032			0				0					6,783,032	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 6,910,389

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 Florida DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	362,372			0				2					362,370	
2. First Quarter	234,503			0				4					234,499	
3. Second Quarter	218,940			0				7					218,933	
4. Third Quarter	217,379			0				4					217,375	
5. Current Year	215,369			0				6					215,363	
6. Current Year Member Months	2,656,756			0				83					2,656,673	
Total Member Ambulatory Encounters for Year:														
7 Physician	276							276						
8. Non-Physician	388							388						
9. Total	664	0	0	0	0	0	0	664	0	0	0	0	0	0
10. Hospital Patient Days Incurred	53							53						
11. Number of Inpatient Admissions	1							1						
12. Health Premiums Written (b)	207,666,271			0				40,033					207,626,238	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	193,180,524			0				40,033					193,140,491	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	131,282,199			0				147,619					131,134,580	
18. Amount Incurred for Provision of Health Care Services	179,182,101			0				147,619					179,034,482	

(a) For health business: number of persons insured under PPO managed care products 1 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 $ 207,666,271

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 Georgia DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	195,546			0				47,032					148,514	
2. First Quarter	191,538			0				84,502					107,036	
3. Second Quarter	193,816			0				91,769					102,047	
4. Third Quarter	198,440			0				97,318					101,122	
5. Current Year	198,428			0				97,932					100,496	
6. Current Year Member Months	2,327,762			0				1,092,693					1,235,069	
Total Member Ambulatory Encounters for Year:														
7 Physician	4,444,344							4,444,344						
8. Non-Physician	3,606,677							3,606,677						
9. Total	8,051,021	0	0	0	0	0	0	8,051,021	0	0	0	0	0	0
10. Hospital Patient Days Incurred	142,150							142,150						
11. Number of Inpatient Admissions	15,399							15,399						
12. Health Premiums Written (b)	1,321,195,279			0				1,236,668,585					84,526,694	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	1,324,030,166			0				1,236,668,585					87,361,581	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	1,198,449,630			0				1,134,922,415					63,527,215	
18. Amount Incurred for Provision of Health Care Services	1,279,080,624			0				1,198,632,065					80,448,559	

(a) For health business: number of persons insured under PPO managed care products 70,057 and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 1,321,195,279

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 Hawaii DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	6,671			0				0					6,671	
2. First Quarter	6,667			0				0					6,667	
3. Second Quarter	6,635			0				0					6,635	
4. Third Quarter	6,736			0				0					6,736	
5. Current Year	6,805			0				0					6,805	
6. Current Year Member Months	80,175			0				0					80,175	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	4,128,474			0				0					4,128,474	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	5,134,368			0				0					5,134,368	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	3,815,772			0				0					3,815,772	
18. Amount Incurred for Provision of Health Care Services	4,382,001			0				0					4,382,001	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 4,128,474

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 Idaho DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	25,724			0				0					25,724	
2. First Quarter	25,331			0				0					25,331	
3. Second Quarter	25,062			0				0					25,062	
4. Third Quarter	25,175			0				0					25,175	
5. Current Year	25,221			0				0					25,221	
6. Current Year Member Months	301,890			0				0					301,890	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	16,301,146			0				0					16,301,146	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	19,647,001			0				0					19,647,001	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	14,874,243			0				0					14,874,243	
18. Amount Incurred for Provision of Health Care Services	17,101,614			0				0					17,101,614	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 16,301,146

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 Illinois DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	177,236			0				1					177,235	
2. First Quarter	139,819			0				1					139,818	
3. Second Quarter	133,851			0				0					133,851	
4. Third Quarter	132,918			0				0					132,918	
5. Current Year	131,997			0				0					131,997	
6. Current Year Member Months	1,617,656			0				8					1,617,648	
Total Member Ambulatory Encounters for Year:														
7 Physician	22							22						
8. Non-Physician	21							21						
9. Total	43	0	0	0	0	0	0	43	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0							0						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	79,848,583			0				19,086					79,829,497	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	97,421,600			0				19,086					97,402,514	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	70,009,497			0				8,106					70,001,391	
18. Amount Incurred for Provision of Health Care Services	87,690,773			0				8,106					87,682,667	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 79,848,583

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 Indiana DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	124,241			0				0					124,241	
2. First Quarter	116,598			0				0					116,598	
3. Second Quarter	116,452			0				0					116,452	
4. Third Quarter	116,535			0				0					116,535	
5. Current Year	117,524			0				0					117,524	
6. Current Year Member Months	1,401,964			0				7					1,401,957	
Total Member Ambulatory Encounters for Year:														
7 Physician	4							4						
8. Non-Physician	0							0						
9. Total	4	0	0	0	0	0	0	4	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0							0						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	93,550,893			0				2,984					93,547,909	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	97,913,909			0				2,984					97,910,925	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	83,518,796			0				13					83,518,783	
18. Amount Incurred for Provision of Health Care Services	95,271,261			0				13					95,271,248	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 93,550,893

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 Iowa DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	69,521			0				0					69,521	
2. First Quarter	72,169			0				0					72,169	
3. Second Quarter	71,356			0				0					71,356	
4. Third Quarter	71,731			0				0					71,731	
5. Current Year	71,775			0				2					71,773	
6. Current Year Member Months	859,999			0				5					859,994	
Total Member Ambulatory Encounters for Year:														
7 Physician	13							13						
8. Non-Physician	26							26						
9. Total	39	0	0	0	0	0	0	39	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0							0						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	40,785,712			0				3,897					40,781,815	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	48,909,106			0				3,897					48,905,209	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	39,791,019			0				5,131					39,785,888	
18. Amount Incurred for Provision of Health Care Services	46,194,615			0				5,131					46,189,484	

(a) For health business: number of persons insured under PPO managed care products 2 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 $ 40,785,712

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 Kansas DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	73,657			0				0					73,657	
2. First Quarter	78,765			0				0					78,765	
3. Second Quarter	78,253			0				0					78,253	
4. Third Quarter	78,513			0				0					78,513	
5. Current Year	78,264			0				0					78,264	
6. Current Year Member Months	940,668			0				0					940,668	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	51,979,282			0				0					51,979,282	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	53,134,285			0				0					53,134,285	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	44,945,746			0				0					44,945,746	
18. Amount Incurred for Provision of Health Care Services	52,022,092			0				0					52,022,092	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 51,979,282

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 Kentucky DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	71,220			0				0					71,220	
2. First Quarter	74,228			0				0					74,228	
3. Second Quarter	73,167			0				1					73,166	
4. Third Quarter	73,285			0				2					73,283	
5. Current Year	74,311			0				0					74,311	
6. Current Year Member Months	885,585			0				8					885,577	
Total Member Ambulatory Encounters for Year:														
7 Physician	13							13						
8. Non-Physician	17							17						
9. Total	30	0	0	0	0	0	0	30	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0							0						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	63,040,086			0				5,929					63,034,157	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	68,838,413			0				5,929					68,832,484	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	56,953,483			0				3,022					56,950,461	
18. Amount Incurred for Provision of Health Care Services	64,699,130			0				3,022					64,696,108	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 63,040,086

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 Louisiana DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	61,810			0				0					61,810	
2. First Quarter	44,422			0				0					44,422	
3. Second Quarter	41,608			0				0					41,608	
4. Third Quarter	41,164			0				0					41,164	
5. Current Year	40,898			0				4					40,894	
6. Current Year Member Months	504,643			0				10					504,633	
Total Member Ambulatory Encounters for Year:														
7 Physician	99							99						
8. Non-Physician	135							135						
9. Total	234	0	0	0	0	0	0	234	0	0	0	0	0	0
10. Hospital Patient Days Incurred	4							4						
11. Number of Inpatient Admissions	1							1						
12. Health Premiums Written (b)	36,278,533			0				1,212					36,277,321	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	35,791,461			0				1,212					35,790,249	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	25,356,504			0				26,355					25,330,149	
18. Amount Incurred for Provision of Health Care Services	33,604,011			0				26,355					33,577,656	

(a) For health business: number of persons insured under PPO managed care products 4 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 $ 36,278,533

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 Maine DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	14,329			0				0					14,329	
2. First Quarter	11,687			0				0					11,687	
3. Second Quarter	10,135			0				0					10,135	
4. Third Quarter	10,089			0				0					10,089	
5. Current Year	10,081			0				1					10,080	
6. Current Year Member Months	126,144			0				4					126,140	
Total Member Ambulatory Encounters for Year:														
7 Physician	8							8						
8. Non-Physician	7							7						
9. Total	15	0	0	0	0	0	0	15	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0							0						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	8,957,884			0				2,981					8,954,903	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	8,008,826			0				2,981					8,005,845	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	6,925,091			0				767					6,924,324	
18. Amount Incurred for Provision of Health Care Services	8,516,609			0				767					8,515,842	

(a) For health business: number of persons insured under PPO managed care products 1 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 $ 8,957,884

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 Maryland DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	94,027			0				0					94,027	
2. First Quarter	92,749			0				0					92,749	
3. Second Quarter	90,883			0				0					90,883	
4. Third Quarter	90,187			0				0					90,187	
5. Current Year	89,487			0				1					89,486	
6. Current Year Member Months	1,093,591			0				3					1,093,588	
Total Member Ambulatory Encounters for Year:														
7 Physician	62							62						
8. Non-Physician	25							25						
9. Total	87	0	0	0	0	0	0	87	0	0	0	0	0	0
10. Hospital Patient Days Incurred	3							3						
11. Number of Inpatient Admissions	1							1						
12. Health Premiums Written (b)	82,452,886			0				1,275					82,451,611	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	90,768,702			0				1,275					90,767,427	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	68,330,215			0				11,869					68,318,346	
18. Amount Incurred for Provision of Health Care Services	78,179,635			0				11,869					78,167,766	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 82,452,886

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 Massachusetts DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	119,965			0				0					119,965	
2. First Quarter	75,042			0				0					75,042	
3. Second Quarter	70,998			0				0					70,998	
4. Third Quarter	70,752			0				0					70,752	
5. Current Year	70,327			0				1					70,326	
6. Current Year Member Months	860,702			0				5					860,697	
Total Member Ambulatory Encounters for Year:														
7 Physician	22							22						
8. Non-Physician	15							15						
9. Total	37	0	0	0	0	0	0	37	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0							0						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	78,057,475			0				4,822					78,052,653	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	89,675,730			0				4,822					89,670,908	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	54,612,246			0				972					54,611,274	
18. Amount Incurred for Provision of Health Care Services	73,260,725			0				972					73,259,753	

(a) For health business: number of persons insured under PPO managed care products 1 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 $ 78,057,475

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 Michigan DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	116,429			26				0					116,403	
2. First Quarter	90,743			66				0					90,677	
3. Second Quarter	84,780			73				0					84,707	
4. Third Quarter	88,348			88				0					88,260	
5. Current Year	87,905			110				4					87,791	
6. Current Year Member Months	1,068,049			951				12					1,067,086	
Total Member Ambulatory Encounters for Year:														
7 Physician	53							53						
8. Non-Physician	72							72						
9. Total	125	0	0	0	0	0	0	125	0	0	0	0	0	0
10. Hospital Patient Days Incurred	9							9						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	47,924,586			121,689				4,495					47,798,402	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	65,160,772			121,371				4,495					65,034,906	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	42,867,664			124,523				34,748					42,708,393	
18. Amount Incurred for Provision of Health Care Services	55,124,975			124,523				34,748					54,965,704	

(a) For health business: number of persons insured under PPO managed care products 3 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 $ 47,802,897

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 Minnesota DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	70,920			0				1					70,919	
2. First Quarter	71,794			0				0					71,794	
3. Second Quarter	71,169			0				0					71,169	
4. Third Quarter	71,381			0				0					71,381	
5. Current Year	71,583			0				0					71,583	
6. Current Year Member Months	858,469			0				0					858,469	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	55,369,474			0				0					55,369,474	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	67,593,804			0				0					67,593,804	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	52,122,273			0				0					52,122,273	
18. Amount Incurred for Provision of Health Care Services	59,923,512			0				0					59,923,512	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 55,369,474

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 Mississippi DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	70,582			0				0					70,582	
2. First Quarter	53,920			0				1					53,919	
3. Second Quarter	51,141			0				1					51,140	
4. Third Quarter	50,537			0				0					50,537	
5. Current Year	50,150			0				2					50,148	
6. Current Year Member Months	618,944			0				9					618,935	
Total Member Ambulatory Encounters for Year:														
7 Physician	41							41						
8. Non-Physician	29							29						
9. Total	70	0	0	0	0	0	0	70	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0							0						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	47,391,009			0				2,478					47,388,531	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	39,047,040			0				2,478					39,044,562	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	32,481,603			0				6,467					32,475,136	
18. Amount Incurred for Provision of Health Care Services	41,532,477			0				6,467					41,526,010	

(a) For health business: number of persons insured under PPO managed care products 2 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 $ 47,391,009

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 Missouri DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	107,779			0				0					107,779	
2. First Quarter	79,892			0				0					79,892	
3. Second Quarter	77,252			0				0					77,252	
4. Third Quarter	76,608			0				0					76,608	
5. Current Year	76,036			0				0					76,036	
6. Current Year Member Months	933,284			0				0					933,284	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	65,272,561			0				0					65,272,561	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	67,063,235			0				0					67,063,235	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	48,434,769			0				0					48,434,769	
18. Amount Incurred for Provision of Health Care Services	62,147,858			0				0					62,147,858	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 65,272,561

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 Montana DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	25,278			0				0					25,278	
2. First Quarter	26,562			0				0					26,562	
3. Second Quarter	26,355			0				0					26,355	
4. Third Quarter	26,482			0				0					26,482	
5. Current Year	26,473			0				0					26,473	
6. Current Year Member Months	317,666			0				0					317,666	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	17,032,977			0				0					17,032,977	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	18,677,276			0				0					18,677,276	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	14,711,075			0				0					14,711,075	
18. Amount Incurred for Provision of Health Care Services	16,791,148			0				0					16,791,148	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 17,032,977

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 Nebraska DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	35,838			0				0					35,838	
2. First Quarter	36,012			0				0					36,012	
3. Second Quarter	35,690			0				0					35,690	
4. Third Quarter	35,755			0				0					35,755	
5. Current Year	35,795			0				1					35,794	
6. Current Year Member Months	429,826			0				2					429,824	
Total Member Ambulatory Encounters for Year:														
7 Physician	2							2						
8. Non-Physician	0							0						
9. Total	2	0	0	0	0	0	0	2	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0							0						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	21,380,487			0				1,019					21,379,468	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	26,149,242			0				1,019					26,148,223	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	22,361,683			0				21					22,361,662	
18. Amount Incurred for Provision of Health Care Services	25,794,785			0				21					25,794,764	

(a) For health business: number of persons insured under PPO managed care products 1 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 $ 21,380,487

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 Nevada DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	25,556			0				0					25,556	
2. First Quarter	19,403			0				0					19,403	
3. Second Quarter	19,320			0				0					19,320	
4. Third Quarter	18,778			0				0					18,778	
5. Current Year	18,703			0				3					18,700	
6. Current Year Member Months	227,920			0				5					227,915	
Total Member Ambulatory Encounters for Year:														
7 Physician	37							37						
8. Non-Physician	73							73						
9. Total	110	0	0	0	0	0	0	110	0	0	0	0	0	0
10. Hospital Patient Days Incurred	17							17						
11. Number of Inpatient Admissions	2							2						
12. Health Premiums Written (b)	12,587,332			0				1,415					12,585,917	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	13,437,563			0				1,415					13,436,148	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	10,606,157			0				25,660					10,580,497	
18. Amount Incurred for Provision of Health Care Services	12,977,921			0				25,660					12,952,261	

(a) For health business: number of persons insured under PPO managed care products 2 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 $ 12,587,332

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 New Hampshire DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	30,002			0				0					30,002	
2. First Quarter	24,719			0				0					24,719	
3. Second Quarter	24,137			0				0					24,137	
4. Third Quarter	24,171			1				0					24,170	
5. Current Year	24,216			10				0					24,206	
6. Current Year Member Months	290,837			21				0					290,816	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	14,957,944			3,265				0					14,954,679	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	18,021,730			3,257				0					18,018,473	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	11,492,960			393				0					11,492,567	
18. Amount Incurred for Provision of Health Care Services	14,368,754			393				0					14,368,361	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 14,954,679

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 New Jersey DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	137,194			0				0					137,194	
2. First Quarter	108,383			0				0					108,383	
3. Second Quarter	105,008			0				2					105,006	
4. Third Quarter	104,793			0				1					104,792	
5. Current Year	102,842			0				0					102,842	
6. Current Year Member Months	1,265,921			0				8					1,265,913	
Total Member Ambulatory Encounters for Year:														
7 Physician	36							36						
8. Non-Physician	101							101						
9. Total	137	0	0	0	0	0	0	137	0	0	0	0	0	0
10. Hospital Patient Days Incurred	4							4						
11. Number of Inpatient Admissions	1							1						
12. Health Premiums Written (b)	74,893,325			0				8,605					74,884,720	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	103,292,549			0				8,605					103,283,944	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	73,162,382			0				25,625					73,136,757	
18. Amount Incurred for Provision of Health Care Services	90,360,887			0				25,625					90,335,262	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 74,893,325

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 New Mexico DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	27,928			0				1					27,927	
2. First Quarter	26,746			0				0					26,746	
3. Second Quarter	26,306			0				0					26,306	
4. Third Quarter	26,189			0				0					26,189	
5. Current Year	26,174			0				0					26,174	
6. Current Year Member Months	317,758			0				0					317,758	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	20,225,170			0				0					20,225,170	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	21,406,280			0				0					21,406,280	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	15,394,460			0				0					15,394,460	
18. Amount Incurred for Provision of Health Care Services	17,742,196			0				0					17,742,196	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 20,225,170

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 New York DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	258,375			0				0					258,375	
2. First Quarter	170,439			0				0					170,439	
3. Second Quarter	157,969			0				0					157,969	
4. Third Quarter	156,465			0				2					156,463	
5. Current Year	154,624			0				5					154,619	
6. Current Year Member Months	1,918,113			0				13					1,918,100	
Total Member Ambulatory Encounters for Year:														
7 Physician	51							51						
8. Non-Physician	92							92						
9. Total	143	0	0	0	0	0	0	143	0	0	0	0	0	0
10. Hospital Patient Days Incurred	6							6						
11. Number of Inpatient Admissions	1							1						
12. Health Premiums Written (b)	192,001,069			0				18,236					191,982,833	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	198,238,846			0				18,236					198,220,610	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	148,581,821			0				15,814					148,566,007	
18. Amount Incurred for Provision of Health Care Services	191,206,438			0				15,814					191,190,624	

(a) For health business: number of persons insured under PPO managed care products 4 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 $ 192,001,069

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 North Carolina DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	153,802			0				2					153,800	
2. First Quarter	121,701			0				0					121,701	
3. Second Quarter	118,404			0				2					118,402	
4. Third Quarter	117,783			0				6					117,777	
5. Current Year	117,183			0				2					117,181	
6. Current Year Member Months	1,425,629			0				26					1,425,603	
Total Member Ambulatory Encounters for Year:														
7 Physician	39							39						
8. Non-Physician	94							94						
9. Total	133	0	0	0	0	0	0	133	0	0	0	0	0	0
10. Hospital Patient Days Incurred	4							4						
11. Number of Inpatient Admissions	1							1						
12. Health Premiums Written (b)	79,700,191			0				11,010					79,689,181	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	86,714,084			0				11,010					86,703,074	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	63,524,722			0				17,558					63,507,164	
18. Amount Incurred for Provision of Health Care Services	80,962,186			0				17,558					80,944,628	

(a) For health business: number of persons insured under PPO managed care products 1 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 $ 79,700,191

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 North Dakota DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	19,432			0				0					19,432	
2. First Quarter	18,573			0				0					18,573	
3. Second Quarter	18,393			0				0					18,393	
4. Third Quarter	18,369			0				0					18,369	
5. Current Year	18,261			0				0					18,261	
6. Current Year Member Months	221,025			0				0					221,025	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	14,075,899			0				0					14,075,899	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	14,370,831			0				0					14,370,831	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	12,189,804			0				0					12,189,804	
18. Amount Incurred for Provision of Health Care Services	14,077,193			0				0					14,077,193	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 14,075,899

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 Ohio DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	190,084			0				0					190,084	
2. First Quarter	155,708			0				0					155,708	
3. Second Quarter	154,389			0				0					154,389	
4. Third Quarter	151,920			0				1					151,919	
5. Current Year	150,901			0				2					150,899	
6. Current Year Member Months	1,839,255			0				13					1,839,242	
Total Member Ambulatory Encounters for Year:														
7 Physician	114							114						
8. Non-Physician	226							226						
9. Total	340	0	0	0	0	0	0	340	0	0	0	0	0	0
10. Hospital Patient Days Incurred	19							19						
11. Number of Inpatient Admissions	3							3						
12. Health Premiums Written (b)	94,258,107			0				6,620					94,251,487	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	100,724,092			0				6,620					100,717,472	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	74,750,668			0				48,416					74,702,252	
18. Amount Incurred for Provision of Health Care Services	92,395,781			0				48,416					92,347,365	

(a) For health business: number of persons insured under PPO managed care products 2 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 $ 94,258,107

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 Oklahoma DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	62,672			0				0					62,672	
2. First Quarter	49,429			0				0					49,429	
3. Second Quarter	47,178			0				0					47,178	
4. Third Quarter	47,125			0				1					47,124	
5. Current Year	47,044			0				0					47,044	
6. Current Year Member Months	570,399			0				3					570,396	
Total Member Ambulatory Encounters for Year:														
7 Physician	40							40						
8. Non-Physician	72							72						
9. Total	112	0	0	0	0	0	0	112	0	0	0	0	0	0
10. Hospital Patient Days Incurred	7							7						
11. Number of Inpatient Admissions	1							1						
12. Health Premiums Written (b)	66,336,063			0				10,320					66,325,743	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	32,107,438			0				10,320					32,097,118	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	36,291,630			0				21,829					36,269,801	
18. Amount Incurred for Provision of Health Care Services	45,520,260			0				21,829					45,498,431	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 66,336,063

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 Oregon DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	52,166			0				1					52,165	
2. First Quarter	43,203			0				0					43,203	
3. Second Quarter	40,458			0				0					40,458	
4. Third Quarter	42,361			0				0					42,361	
5. Current Year	42,231			0				0					42,231	
6. Current Year Member Months	509,339			0				0					509,339	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	20,881,122			0				0					20,881,122	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	30,133,297			0				0					30,133,297	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	18,201,137			0				0					18,201,137	
18. Amount Incurred for Provision of Health Care Services	22,564,963			0				0					22,564,963	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 20,881,122

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 Pennsylvania DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	217,227			0				3					217,224	
2. First Quarter	210,691			0				0					210,691	
3. Second Quarter	207,091			0				2					207,089	
4. Third Quarter	205,693			0				0					205,693	
5. Current Year	203,951			0				1					203,950	
6. Current Year Member Months	2,482,604			0				8					2,482,596	
Total Member Ambulatory Encounters for Year:														
7 Physician	28							28						
8. Non-Physician	61							61						
9. Total	89	0	0	0	0	0	0	89	0	0	0	0	0	0
10. Hospital Patient Days Incurred	9							9						
11. Number of Inpatient Admissions	1							1						
12. Health Premiums Written (b)	144,814,159			0				6,458					144,807,701	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	173,805,219			0				6,458					173,798,761	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	143,153,899			0				24,672					143,129,227	
18. Amount Incurred for Provision of Health Care Services	163,518,744			0				24,672					163,494,072	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 144,814,159

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 Rhode Island DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	10,601			0				0					10,601	
2. First Quarter	7,533			0				0					7,533	
3. Second Quarter	7,291			0				0					7,291	
4. Third Quarter	7,272			0				0					7,272	
5. Current Year	7,243			0				0					7,243	
6. Current Year Member Months	88,025			0				0					88,025	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	6,057,861			0				0					6,057,861	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	7,319,088			0				0					7,319,088	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	4,733,151			0				0					4,733,151	
18. Amount Incurred for Provision of Health Care Services	5,947,750			0				0					5,947,750	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 6,057,861

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 South Carolina DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	88,140			0				2					88,138	
2. First Quarter	66,506			0				2					66,504	
3. Second Quarter	64,178			0				2					64,176	
4. Third Quarter	63,849			0				2					63,847	
5. Current Year	63,642			0				2					63,640	
6. Current Year Member Months	775,509			0				32					775,477	
Total Member Ambulatory Encounters for Year:														
7 Physician	52							52						
8. Non-Physician	66							66						
9. Total	118	0	0	0	0	0	0	118	0	0	0	0	0	0
10. Hospital Patient Days Incurred	3							3						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	54,971,335			0				29,202					54,942,133	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	42,473,642			0				29,202					42,444,440	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	35,836,414			0				14,852					35,821,562	
18. Amount Incurred for Provision of Health Care Services	44,907,313			0				14,852					44,892,461	

(a) For health business: number of persons insured under PPO managed care products 1 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 $ 54,971,335

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 South Dakota DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	27,107			0				0					27,107	
2. First Quarter	26,092			0				0					26,092	
3. Second Quarter	25,782			0				0					25,782	
4. Third Quarter	25,916			0				0					25,916	
5. Current Year	25,841			0				0					25,841	
6. Current Year Member Months	310,760			0				0					310,760	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	14,269,465			0				0					14,269,465	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	17,736,461			0				0					17,736,461	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	15,609,825			0				0					15,609,825	
18. Amount Incurred for Provision of Health Care Services	17,901,794			0				0					17,901,794	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 14,269,465

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 Tennessee DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	99,986			31				3					99,952	
2. First Quarter	81,147			79				2					81,066	
3. Second Quarter	78,995			90				3					78,902	
4. Third Quarter	78,828			109				3					78,716	
5. Current Year	78,513			152				5					78,356	
6. Current Year Member Months	953,782			1,191				33					952,558	
Total Member Ambulatory Encounters for Year:														
7 Physician	329							329						
8. Non-Physician	231							231						
9. Total	560	0	0	0	0	0	0	560	0	0	0	0	0	0
10. Hospital Patient Days Incurred	72							72						
11. Number of Inpatient Admissions	4							4						
12. Health Premiums Written (b)	59,264,146			148,597				45,395					59,070,154	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	63,973,932			148,207				45,395					63,780,330	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	47,922,164			149,553				148,733					47,623,878	
18. Amount Incurred for Provision of Health Care Services	59,119,616			193,947				148,733					58,776,936	

(a) For health business: number of persons insured under PPO managed care products 3 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 $ 59,115,549

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 Texas DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	340,360			0				37,819					302,541	
2. First Quarter	289,973			0				44,816					245,157	
3. Second Quarter	279,972			0				45,806					234,166	
4. Third Quarter	280,573			0				46,314					234,259	
5. Current Year	279,819			0				46,788					233,031	
6. Current Year Member Months	3,382,409			0				548,121					2,834,288	
Total Member Ambulatory Encounters for Year:														
7 Physician	2,015,720							2,015,720						
8. Non-Physician	1,614,709							1,614,709						
9. Total	3,630,429	0	0	0	0	0	0	3,630,429	0	0	0	0	0	0
10. Hospital Patient Days Incurred	69,523							69,523						
11. Number of Inpatient Admissions	7,117							7,117						
12. Health Premiums Written (b)	770,300,691			0				608,229,243					162,071,448	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	771,837,727			0				608,229,243					163,608,484	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	671,719,557			0				542,487,959					129,231,598	
18. Amount Incurred for Provision of Health Care Services	733,273,993			0				573,867,339					159,406,654	

(a) For health business: number of persons insured under PPO managed care products 46,784 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 $ 770,300,691

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 Utah DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	21,641			0				0					21,641	
2. First Quarter	21,273			0				0					21,273	
3. Second Quarter	21,119			0				0					21,119	
4. Third Quarter	21,268			0				0					21,268	
5. Current Year	21,216			0				0					21,216	
6. Current Year Member Months	254,633			0				0					254,633	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	15,788,577			0				0					15,788,577	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	18,609,665			0				0					18,609,665	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	14,063,663			0				0					14,063,663	
18. Amount Incurred for Provision of Health Care Services	16,155,639			0				0					16,155,639	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 15,788,577

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 Vermont DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	17,608			0				0					17,608	
2. First Quarter	11,862			0				0					11,862	
3. Second Quarter	11,274			0				0					11,274	
4. Third Quarter	11,190			0				0					11,190	
5. Current Year	11,084			0				0					11,084	
6. Current Year Member Months	136,472			0				0					136,472	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	8,384,584			0				0					8,384,584	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	10,103,763			0				0					10,103,763	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	6,607,138			0				0					6,607,138	
18. Amount Incurred for Provision of Health Care Services	8,792,477			0				0					8,792,477	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 8,384,584

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 Virginia DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	113,372			0				0					113,372	
2. First Quarter	107,534			0				0					107,534	
3. Second Quarter	106,165			0				1					106,164	
4. Third Quarter	106,112			0				2					106,110	
5. Current Year	105,565			0				5					105,560	
6. Current Year Member Months	1,278,777			0				18					1,278,759	
Total Member Ambulatory Encounters for Year:														
7 Physician	95							95						
8. Non-Physician	146							146						
9. Total	241	0	0	0	0	0	0	241	0	0	0	0	0	0
10. Hospital Patient Days Incurred	56							56						
11. Number of Inpatient Admissions	4							4						
12. Health Premiums Written (b)	64,715,417			0				18,098					64,697,319	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	79,146,010			0				18,098					79,127,912	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	58,597,845			0				51,626					58,546,219	
18. Amount Incurred for Provision of Health Care Services	68,849,362			0				51,626					68,797,736	

(a) For health business: number of persons insured under PPO managed care products 5 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 $ 64,715,417

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 Washington DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	95,365			0				0					95,365	
2. First Quarter	79,575			0				0					79,575	
3. Second Quarter	75,825			0				0					75,825	
4. Third Quarter	78,345			0				0					78,345	
5. Current Year	78,400			0				0					78,400	
6. Current Year Member Months	939,949			0				0					939,949	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	36,704,778			0				0					36,704,778	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	47,782,114			0				0					47,782,114	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	33,414,804			0				0					33,414,804	
18. Amount Incurred for Provision of Health Care Services	41,900,926			0				0					41,900,926	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 36,704,778

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 West Virginia DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	26,283			0				0					26,283	
2. First Quarter	25,530			1				0					25,529	
3. Second Quarter	24,907			1				0					24,906	
4. Third Quarter	24,669			2				0					24,667	
5. Current Year	24,352			1				0					24,351	
6. Current Year Member Months	299,753			12				0					299,741	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	19,060,683			2,368				0					19,058,315	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	23,253,502			2,362				0					23,251,140	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	17,043,853			0				0					17,043,853	
18. Amount Incurred for Provision of Health Care Services	19,931,844			0				0					19,931,844	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 19,058,315

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 Wisconsin DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	70,916			0				0					70,916	
2. First Quarter	68,732			0				0					68,732	
3. Second Quarter	67,736			0				0					67,736	
4. Third Quarter	67,819			0				0					67,819	
5. Current Year	67,663			0				0					67,663	
6. Current Year Member Months	817,812			0				0					817,812	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	52,601,563			0				0					52,601,563	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	71,133,358			0				0					71,133,358	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	50,123,744			0				0					50,123,744	
18. Amount Incurred for Provision of Health Care Services	58,650,237			0				0					58,650,237	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 52,601,563

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 Wyoming DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	15,765			0				0					15,765	
2. First Quarter	15,953			0				0					15,953	
3. Second Quarter	15,939			0				0					15,939	
4. Third Quarter	16,000			0				0					16,000	
5. Current Year	15,947			0				0					15,947	
6. Current Year Member Months	191,363			0				0					191,363	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	9,508,977			0				0					9,508,977	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	10,030,352			0				0					10,030,352	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	7,924,152			0				0					7,924,152	
18. Amount Incurred for Provision of Health Care Services	9,139,586			0				0					9,139,586	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 9,508,977

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 Guam DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	26			0				0					26	
2. First Quarter	21			0				0					21	
3. Second Quarter	18			0				0					18	
4. Third Quarter	13			0				0					13	
5. Current Year	15			0				0					15	
6. Current Year Member Months	206			0				0					206	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	14,178			0				0					14,178	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	14,178			0				0					14,178	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	2,963			0				0					2,963	
18. Amount Incurred for Provision of Health Care Services	2,998			0				0					2,998	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 14,178

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 Puerto Rico DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	261			0				0					261	
2. First Quarter	256			0				0					256	
3. Second Quarter	191			0				0					191	
4. Third Quarter	185			0				0					185	
5. Current Year	186			0				0					186	
6. Current Year Member Months	2,453			0				0					2,453	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	273,490			0				0					273,490	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	273,490			0				0					273,490	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	75,110			0				0					75,110	
18. Amount Incurred for Provision of Health Care Services	102,439			0				0					102,439	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 273,490

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 U.S. Virgin Islands DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	83			0				0					83	
2. First Quarter	64			0				0					64	
3. Second Quarter	53			0				0					53	
4. Third Quarter	59			0				0					59	
5. Current Year	59			0				0					59	
6. Current Year Member Months	701			0				0					701	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	38,615			0				0					38,615	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	38,615			0				0					38,615	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	6,952			0				0					6,952	
18. Amount Incurred for Provision of Health Care Services	11,426			0				0					11,426	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 38,615

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 Northern Mariana Islands DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	7			0				0					7	
2. First Quarter	4			0				0					4	
3. Second Quarter	5			0				0					5	
4. Third Quarter	5			0				0					5	
5. Current Year	4			0				0					4	
6. Current Year Member Months	48			0				0					48	
Total Member Ambulatory Encounters for Year:														
7 Physician	0							0						
8. Non-Physician	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						
11. Number of Inpatient Admissions	0							0						
12. Health Premiums Written (b)	2,669			0				0					2,669	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	2,669			0				0					2,669	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	69			0				0					69	
18. Amount Incurred for Provision of Health Care Services	171			0				0					171	

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 2,669

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 Grand Total DURING THE YEAR 2024 NAIC Company Code 12575

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		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	4,900,224	0	0	58	0	0	0	84,868	0	0	0	0	4,815,298	0
2. First Quarter	3,856,221	0	0	149	0	0	0	129,330	0	0	0	0	3,726,742	0
3. Second Quarter	3,727,959	0	0	167	0	0	0	137,598	0	0	0	0	3,590,194	0
4. Third Quarter	3,724,594	0	0	203	0	0	0	143,663	0	0	0	0	3,580,728	0
5. Current Year	3,706,760	0	0	276	0	0	0	144,791	0	0	0	0	3,561,693	0
6. Current Year Member Months	45,025,765	0	0	2,211	0	0	0	1,641,223	0	0	0	0	43,382,331	0
Total Member Ambulatory Encounters for Year:														
7 Physician	6,461,899	0	0	0	0	0	0	6,461,899	0	0	0	0	0	0
8. Non-Physician	5,223,887	0	0	0	0	0	0	5,223,887	0	0	0	0	0	0
9. Total	11,685,786	0	0	0	0	0	0	11,685,786	0	0	0	0	0	0
10. Hospital Patient Days Incurred	211,989	0	0	0	0	0	0	211,989	0	0	0	0	0	0
11. Number of Inpatient Admissions	22,540	0	0	0	0	0	0	22,540	0	0	0	0	0	0
12. Health Premiums Written (b)	4,556,800,059	0	0	281,447	0	0	0	1,845,205,750	0	0	0	0	2,711,312,862	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	4,956,887,613	0	0	280,711	0	0	0	1,845,205,750	0	0	0	0	3,111,401,152	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	3,960,398,988	0	0	295,833	0	0	0	1,678,198,631	0	0	0	0	2,281,904,524	0
18. Amount Incurred for Provision of Health Care Services	4,616,521,975	0	0	340,227	0	0	0	1,773,287,661	0	0	0	0	2,842,894,087	0

(a) For health business: number of persons insured under PPO managed care products 116,891 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 4,556,518,612

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
9999999 - Totals												

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses 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 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
00000	AA-3770333	01/01/2023	Fresenius Medical Care Reinsurance Co. (Cayman) LTD	CYM		2,580,816
2099999. Accident and Health - Non-U.S. Non-Affiliates					0	2,580,816
2199999. Total Accident and Health - Non-Affiliates					0	2,580,816
2299999. Total Accident and Health					0	2,580,816
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					0	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	2,580,816
9999999 Totals - Life, Annuity and Accident and Health					0	2,580,816

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
63444	06-1566092	01/01/2018	Accendo Insurance Company	UT	QA/I	MD	127,930,844	(24,303,561)					
63444	06-1566092	01/01/2018	Accendo Insurance Company	UT	QA/G	MD	7,586,506						
0299999. General Account - Authorized U.S. Affiliates - Other							135,517,350	(24,303,561)	0	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							135,517,350	(24,303,561)	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							135,517,350	(24,303,561)	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							0	0	0	0	0	0	0
1199999. Total General Account Authorized							135,517,350	(24,303,561)	0	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.	BMU	.Health - Quota Share - All Medical Combined - Individual	MD	383,779,859	(72,910,684)					
00000	AA-3190173	01/01/2011	CVS Caremark Indemnity, Ltd.	BMU	.Health - Quota Share - All Medical Combined - Group	MD	22,772,186						
1599999. General Account - Unauthorized Non-U.S. Affiliates - Captive							406,552,045	(72,910,684)	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							406,552,045	(72,910,684)	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							406,552,045	(72,910,684)	0	0	0	0	0
00000	AA-3770333	01/01/2023	Fresenius Medical Care Reinsurance Co. (Cayman) LTD	CYM	QA/I	MR	31,150,869						
2099999. General Account - Unauthorized Non-U.S. Non-Affiliates							31,150,869	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							31,150,869	0	0	0	0	0	0
2299999. Total General Account Unauthorized							437,702,914	(72,910,684)	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							573,220,264	(97,214,245)	0	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0

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 Domiciliary Jurisdiction	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 11 Current Year	 12 Prior Year	13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
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)							135,517,350	(24,303,561)	0	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							437,702,914	(72,910,684)	0	0	0	0	0
9999999 - Totals							573,220,264	(97,214,245)	0	0	0	0	0

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.	.....	 0	..... (91,121,795)	..... (91,121,795)	.....	.....	.....	.....	.....	.....	..... (91,121,795)
1599999. General Account - Accident and Health Non-U.S. Affiliates - Captive				0	0	(91,121,795)	(91,121,795)	0	XXX	0	0	0	0	(91,121,795)
1799999. Total General Account - Accident and Health Non-U.S. Affiliates				0	0	(91,121,795)	(91,121,795)	0	XXX	0	0	0	0	(91,121,795)
1899999. Total General Account - Accident and Health Affiliates				0	0	(91,121,795)	(91,121,795)	0	XXX	0	0	0	0	(91,121,795)
...00000	..AA-3770333 ..	01/01/2023	Fresenius Medical Care Reinsurance Co. (Cayman) LTD	.....	 2,580,816	.....	 2,580,816	.....	.....	.....	.....	.....	.....	 0
2099999. General Account - Accident and Health Non-U.S. Non-Affiliates				0	2,580,816	0	2,580,816	0	XXX	0	0	0	0	0
2199999. Total General Account - Accident and Health Non-Affiliates				0	2,580,816	0	2,580,816	0	XXX	0	0	0	0	0
2299999. Total General Account Accident and Health				0	2,580,816	(91,121,795)	(88,540,979)	0	XXX	0	0	0	0	(91,121,795)
2399999. Total General Account				0	2,580,816	(91,121,795)	(88,540,979)	0	XXX	0	0	0	0	(91,121,795)
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)				0	2,580,816	(91,121,795)	(88,540,979)	0	XXX	0	0	0	0	(91,121,795)
9999999 - Totals				0	2,580,816	(91,121,795)	(88,540,979)	0	XXX	0	0	0	0	(91,121,795)

(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

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year ($000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral							23	24	25	26
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable/ Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 Times Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)
9999999 - Totals																	XXX					XXX	XXX		

NONE

(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 6

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

		1 2024	2 2023	3 2022	4 2021	5 2020
	A. OPERATIONS ITEMS					
1.	Premiums	542,069	394,577	397,673	413,374	531,765
2.	Title XVIII - Medicare	31,151	8,552	0	0	0
3.	Title XIX - Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance	76,698	78,884	81,199	81,822	90,578
5.	Total hospital and medical expenses	591,682	275,596	270,900	287,768	410,909
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable	7,737	6,678	5,535	5,394	5,622
7.	Claims payable	2,581	772	0	0	0
8.	Reinsurance recoverable on paid losses	0	0	0	0	0
9.	Experience rating refunds due or unpaid	(97,214)	(14,650)	(16,092)	(6,122)	(6,790)
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset	3,205	1,851			
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	0	0
18.	Funds deposited by and withheld from (F)		0	0	0	0
19.	Letters of credit (L)		0	0	0	0
20.	Trust agreements (T)		0	0	0	0
21.	Other (O)		0	0	0	0

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)	542,485,604		542,485,604
2.	Accident and health premiums due and unpaid (Line 15)	493,743,524	104,951,096	598,694,620
3.	Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4.	Net credit for ceded reinsurance	XXX	(122,119,910)	(122,119,910)
5.	All other admitted assets (Balance)	4,472,279,142	33,835,081	4,506,114,223
6.	Total assets (Line 28)	5,508,508,270	16,666,267	5,525,174,537
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	198,066,655	2,580,816	200,647,471
8.	Accrued medical incentive pool and bonus payments (Line 2)	91,676,576	8,561,653	100,238,229
9.	Premiums received in advance (Line 8)	44,741,083	8,728,798	53,469,881
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	3,205,000	(3,205,000)	0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	4,186,033,585		4,186,033,585
15.	Total liabilities (Line 24)	4,523,722,899	16,666,267	4,540,389,166
16.	Total capital and surplus (Line 33)	984,785,484	XXX	984,785,484
17.	Total liabilities, capital and surplus (Line 34)	5,508,508,383	16,666,267	5,525,174,650
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	2,580,816		
19.	Accrued medical incentive pool	8,561,653		
20.	Premiums received in advance	8,728,798		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	(33,835,081)		
23.	Total ceded reinsurance recoverables	(13,963,814)		
24.	Premiums receivable	104,951,096		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	3,205,000		
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	108,156,096		
31.	Total net credit for ceded reinsurance	(122,119,910)		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	OT						
59. Total							

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
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	6
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	13-3670795				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	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
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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
0001	CVS HEALTH GROUP	00000	86-0842559				Aetna Medicaid Adminstrators 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	NO	2
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	11
0001	CVS HEALTH GROUP	00000	45-5527797				Innovation Health Holdings, LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
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	95109	23-2169745				Aetna Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	YES	0
0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Inc. (PA)	Ownership	39.500	CVS Health Corporation	NO	2
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	Continental Life Insurance Company of 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	YES	0
0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Life Insurance Company	Ownership	60.300	CVS Health Corporation	NO	2
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					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	6
0001	CVS HEALTH GROUP	00000	85-3918720				CVS Cabot Holdings Inc.	DE	NIA	Coram Clinical Trials, Inc.	Ownership	99.720	CVS Health Corporation	NO	7
0001	CVS HEALTH GROUP	00000	85-3918567				CVS Shaw Holdings Inc.	DE	NIA	Coram Clinical Trials, Inc.	Ownership	99.720	CVS Health Corporation	NO	8
0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NIA	CVS Cabot Holdings Inc	Ownership	49.860	CVS Health Corporation	NO	9
0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NIA	CVS Shaw Holdings Inc	Ownership	49.860	CVS Health Corporation	NO	9
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
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	32-0786680				Aetna Equity Fund 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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
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				FairCost LLC	CT	NIA	Aetna Health 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 Global Benefits (Bermuda) Limited	BMU	NIA	Aetna International LLC	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	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Middle East) LLC	ARE	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Asia Pacific) Limited	HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (UK) Limited	GBR	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna Insurance Company Limited	GBR	IA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna Health Company of Europe DAC	IRL	IA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna (Shanghai) Enterprise 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.	SGP	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
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					AIHK Limited	HKG	IA	Aetna International LLC	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	3
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	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	7
0001	CVS HEALTH GROUP	00000	85-3918567				CVS Shaw Holdings Inc.	DE	NIA	Aetna Inc.	Ownership	0.280	CVS Health Corporation	NO	8
0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NIA	Aetna Inc.	Ownership	0.280	CVS Health Corporation	NO	9
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	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	00000	47-0854096				Coventry Prescription Management Services, Inc.	NV	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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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	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
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	84-4152759				Hella Group LLC	NY	NIA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	86-3013502				Audomo Insurance Services LLC	DE	NIA	Hella Group LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	88-1714855				Hella Media LLC	DE	NIA	Hella Group LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	59-3750548				Attain Insurance Services Inc.	FL	NIA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	NO	0
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	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	4
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	5
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	100.000	CVS Health Corporation	NO	0
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	16558	82-3333789				Aetna Better Health of North Carolina Inc.	NC	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0

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

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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
0001	CVS HEALTH GROUP	00000					CVS Health Venture Fund, LP	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	10

Asterisk	Explanation
1	Aetna Capital Management, LLC is the managing member of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain other subsidiaries of CVS Health Group invest in this fund, which does not confer any managing or controlling ownership interests in APDF. Aetna Life Insurance Company is the largest investor in APDF and currently owns a majority of the non-managing member interests of APDF.
2	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).
3	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.
4	Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.
5	Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health System.
6	Coram Clinical Trials, Inc. is 75% owned by CVS Pharmacy, Inc. and 25% owned by Aetna Life Insurance Company.
7	CVS Cabot Holdings Inc is owned 99.72% by Coram Clinical Trials, Inc. and 0.28% owned by Aetna Inc.
8	CVS Shaw Holdings Inc is owned 99.72% by Coram Clinical Trials, Inc. and 0.28% owned by Aetna Inc.
9	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.
10	CVS Health Venture Fund, LP is also 0.1% owned by CVS Health Ventures Fund GP, LLC
11	Medical Examinations of New York, P.C. is owned via a nominee.

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	20-0446713	Aetna Behavioral Health, LLC					(35,037)			0	(35,037)	0
12328	20-2207534	Aetna Better Health Inc (a Georgia Corporation)		115,000,000			30,814,399			0	145,814,399	0
13174	26-2867560	Aetna Better Health, Inc. (a Connecticut Corporation)					(44,938)			0	(44,938)	0
13735	27-0563973	Aetna Better Health Inc. (a Pennsylvania corporation)	(81,500,000)	(63,000,000)			(2,513,151)			0	(147,013,151)	0
00000	47-5178095	Aetna Better Health of California Inc.					(20,437,504)			0	(20,437,504)	0
15805	47-3850677	Aetna Health of Ohio Inc.		117,000,000	97,137,240		35,389,940			0	249,527,180	0
16072	81-3370401	Aetna Better Health of Kansas Inc.			457,207		(114,227,685)			0	(113,770,478)	0
15761	47-3279217	Aetna Better Health of Kentucky Insurance Company			2,820,186		(125,756,443)			0	(122,936,257)	0
12193	20-1052897	Aetna Better Health of Michigan Inc.		25,000,000			(25,453,133)			0	(453,133)	0
95318	43-1702094	Aetna Better Health of Missouri LLC			742,086		270,839			0	1,012,925	0
15919	81-1143850	Aetna Better Health of Oklahoma Inc.		312,000,000			(72,819,594)			0	239,180,406	0
95040	74-1844335	Aetna Better Health of Texas, Inc.		56,000,000	762,012		(41,410,174)			0	15,351,838	0
16242	81-5030233	Aetna Better Health of Washington. Inc.		15,000,000			5,449,610			0	20,449,610	0
95114	65-0986441	Aetna Better Health of Florida Inc.					(106,074,625)			0	(106,074,625)	0
15616	80-0629718	Aetna Better Health, Inc. (a Louisiana corporation)		85,000,000	2,069,859		(44,522,484)			0	42,547,375	0
14043	27-2512072	Aetna Better Health Premier Plan MMAI Inc.			58,139,117		(35,444,725)			0	22,694,392	0
14053	27-2186150	Aetna Better Health of Illinois Inc.					(233,106,185)			0	(233,106,185)	0
15611	46-3203088	Aetna Better Health Inc. (a New Jersey corporation)		25,000,000			(74,999,007)			0	(49,999,007)	0
14408	45-2634734	Aetna Better Health Inc. (a New York corporation)			712,951		(40,528,560)			0	(39,815,609)	0
14229	45-2764938	Aetna Better Health Inc. (an Ohio corporation)		106,500,000	34,388,783		(110,272,669)			0	30,616,114	0
11183	22-2990909	Aetna Dental Inc. (a New Jersey corporation)					(722,568)			0	(722,568)	0
95910	06-1177531	Aetna Dental Inc. (a Texas corporation)					(5,547,350)	(41,832)		0	(5,589,182)	0
00000	06-1160812	Aetna Dental of California Inc.					4,070,536			0	4,070,536	0
78700	06-0876836	Aetna Health and Life Insurance Company			(319,558,622)		(60,918,187)			0	(380,476,809)	0
00000	30-0123754	Aetna Health Holdings, LLC	136,301,488	(2,878,875,006)						0	(2,742,573,518)	0
95088	59-2411584	Aetna Health Inc. (a Florida corporation)		1,015,000,000	(139,207,703)		(177,469,214)			0	698,323,083	0
95094	58-1649568	Aetna Health Inc. (a Georgia corporation)		100,000,000			(11,152,422)			0	88,847,578	0
95241	42-1244752	Aetna Health of Iowa Inc.					5,500,216			0	5,500,216	0
95517	01-0504252	Aetna Health Inc. (a Maine corporation)		17,000,000			5,822,835			0	22,822,835	0
95756	23-2861565	Aetna Health of Michigan Inc.		25,000,000			14,088,486			0	39,088,486	0
95287	52-1270921	Aetna Health Inc. (a New Jersey corporation)					(23,316,818)			0	(23,316,818)	0

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

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95234	22-2663623	Aetna Health Inc. (a New York corporation)		110,000,000	1,770,879		152,958,917			0	264,729,796	0
95109	23-2169745	Aetna Health Inc. (a Pennsylvania corporation)	(15,517,267)	407,375,006	762,012		(26,363,223)	(539,258)		0	365,717,270	253,965
95935	23-2442048	Aetna Health Inc. (a Connecticut corporation)		15,000,000	31,160,795		29,269,457			0	75,430,252	0
95490	76-0189680	Aetna Health Inc. (a Texas corporation)	(39,284,221)		940,216		73,430,408			0	35,086,403	0
95173	74-2381406	Aetna Health Inc. (LA)					959,119			0	959,119	0
72052	23-2710210	Aetna Health Insurance Company		91,000,000			(125,617,040)	208,290		0	(34,408,750)	0
84450	57-0805126	Aetna Health Insurance Company of New York					(509,479)			0	(509,479)	0
00000	13-3670795	Aetna Health Management, LLC					(4,453,729,239)			0	(4,453,729,239)	0
00000	95-3402799	Aetna Health of California Inc.		45,000,000	1,182,367		120,614,391			0	166,796,758	0
15827	47-4352768	Aetna HealthAssurance Pennsylvania Inc.					1,032,419			0	1,032,419	0
00000	23-2229683	Aetna Inc.	578,218,846	(2,163,239,830)			(4,495,468)			0	(1,589,516,452)	0
36153	06-1286276	Aetna Insurance Company of Connecticut								0	0	0
60054	06-6033492	Aetna Life Insurance Company	(543,218,846)	2,147,239,830	97,947,252		8,312,246,015	(152,743,054)		0	9,861,471,197	1,353,876,612
00000	86-0842559	Aetna Medicaid Administrators, LLC					1,253,709,133			0	1,253,709,133	0
00000	11-3667142	Aetna Partners Diversified Fund, LLC			(152,034,283)					0	(152,034,283)	0
00000	06-1423207	Aetna Resources LLC					(2,898,239,995)			0	(2,898,239,995)	0
00000	30-0123760	Aetna RX Home Delivery, LLC								0	0	0
00000	20-3180700	Aetna Ventures, LLC			(26,374)					0	(26,374)	0
00000	81-5112888	Allina Health and Aetna Insurance Holding Company LLC		(16,000,000)						0	(16,000,000)	0
16194	82-2091197	Allina Health and Aetna Insurance Company		16,000,000			2,533,146	(166,457)		0	18,366,689	0
95407	87-0345631	Aetna Health of Utah Inc.		60,000,000			(13,839,356)			0	46,160,644	0
12321	20-2901054	American Continental Insurance Company					(21,488,881)			0	(21,488,881)	0
00000	31-1368946	American Health Holding, Inc.								0	0	0
00000	81-5212760	Banner Health and Aetna Health Insurance Holding Company LLC		(80,367,910)	14,773,948		(10,405,764)			0	(75,999,726)	0
16059	81-5290023	Banner Health and Aetna Health Plan Inc.		152,756,117	(5,039,314)		12,647,790	(2,458,578)		0	157,906,015	(253,965)
16058	81-5281115	Banner Health and Aetna Health Insurance Company		(72,388,207)	(9,734,634)		(61,194,082)	7,153,098		0	(136,163,825)	(24,891,739)
74160	37-1241037	Coventry Health Care of Illinois, Inc.		166,000,000	28,511,430		10,620,050			0	205,131,480	0
96377	43-1372307	Coventry Health Care of Missouri, Inc.			48,522,727		(11,405,919)			0	37,116,808	0
81973	75-1296086	Coventry Health and Life Insurance Company			35,221,947		15,402,977			0	50,624,924	0
68500	62-1181209	Continental Life Insurance Company of Brentwood, Tennessee					(197,572,822)			0	(197,572,822)	0
95925	42-1308659	Coventry Health Care of Nebraska, Inc.		25,000,000			12,387,544			0	37,387,544	0
96555	54-1576305	Coventry Health Care of Virginia, Inc.		100,000,000			(183,580,404)			0	(83,580,404)	0
95408	55-0712129	Coventry Health Care of West Virginia, Inc.			1,792,851		(78,741,866)			0	(76,949,015)	0
95266	65-0453436	Coventry Health Plan of Florida, Inc.		13,500,000	139,207,703					0	152,707,703	0

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95489	48-0840330	Coventry Health Care of Kansas, Inc.					23,328,090			0	23,328,090	0
00000	20-1736437	First Health Group Corp								0	0	0
90328	38-2242132	First Health Life & Health Insurance Company					(6,749,838)			0	(6,749,838)	0
00000	20-1130063	Florida Health Plan Administrators, LLC		(13,500,000)						0	(13,500,000)	0
00000	33-0052273	Health and Human Resources Center, Inc.					6,036,532			0	6,036,532	0
13980	27-2192415	Health Re, Inc.	(35,000,000)	(75,000,000)			(100,000)	148,587,791		0	38,487,791	(1,328,984,873)
15097	46-0674828	Innovation Health Insurance Company					(20,698,985)			0	(20,698,985)	0
15098	46-0682197	Innovation Health Plan, Inc.					(818,290)			0	(818,290)	0
16558	82-3333789	Aetna Better Health of North Carolina Inc.					(9,267)			0	(9,267)	0
00000	05-0494040	CVS Health Corporation					(475,697,802)			(1,502,415,000)	(1,978,112,802)	0
00000	06-1270755	AHP Holdings, Inc.								0	0	0
00000		CVS INDEMNITY			1,963,262					0	1,963,262	0
00000	91-1774434	PayFlex Systems USA, Inc.								0	0	0
00000	52-1801446	Group Dental Service, Inc.								0	0	0
00000	52-1320522	Claims Administration Corp.					(2,383,584)			0	(2,383,584)	0
00000	98-0211470	Aetna Life & Casualty (Bermuda) Ltd.					(584,608)			0	(584,608)	0
12575	20-2833904	SilverScript Insurance Co.					2,887,404,861	18,455,906		1,502,415,000	4,408,275,767	121,495,726
63444	06-1566092	Accendo Insurance Company		120,000,000			(148,573,188)	(4,613,977)		0	(33,187,165)	(30,373,931)
00000	33-1113587	CVS Caremark Part D Services, LLC					(2,962,439,024)			0	(2,962,439,024)	0
00000	05-0500188	CVS Caremark Indemnity, Ltd.						(13,841,929)		0	(13,841,929)	(91,121,795)
00000	45-4901541	Aetna ACO Holdings, Inc.					1,992,156			0	1,992,156	0
00000		CVS Pharmacy					4,457,317			0	4,457,317	0
00000	87-2843387	Allina Health and Aetna Health Plan Inc.					(10,216)			0	(10,216)	0
00000	16-1264154	Meritain Health, Inc.					9,586,303			0	9,586,303	0
16979	82-2567822	Sutter Health and Aetna Insurance Company					(2,673)			0	(2,673)	0
00000		Innovation Health Holdings, LLC								0	0	0
00000		CVS HEALTH VENTURES, LP			24,614,100					0	24,614,100	0
	61-1715010	Part D Holding Company, LLC		(120,000,000)						0	(120,000,000)	0
	75-3270039	Aetna Health Insurance Company of Europe, Ltd. (Ireland)								0	0	0
		Aetna Insurance (Hong Kong), Ltd.								0	0	0
		Aetna Insurance Company Ltd.								0	0	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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			

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			
First Health Life & Health Insurance Company	First Health Group Corp.	100.000	NO	CVS Health Corporation			
Innovation Health Insurance Company	Innovation Health Holdings, LLC	100.000	NO	CVS Health Corporation			
Innovation Health Plan, Inc.	Innovation Health Insurance Company	100.000	NO	CVS Health Corporation			
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	100.000	NO	CVS Health Corporation			

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
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	NO
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:

11. No life business written
12.
13.
14.
16.
17.
18.
19. Medicare business exempt
20.
21. No life business written

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]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year [Document Identifier 600]

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]

21. Life Supplement [Document Identifier 211]

1 2 5 7 5 2 0 2 4 3 6 0 2 3 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Michigan
NAIC Group Code 0001 NAIC Company Code 12575
ADDRESS (City, State and Zip Code) Franklin , TN 37064
Person Completing This Exhibit Leonel Duque
Title Senior Actuary Telephone Number 801-651-8596

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	SLVDTC19F	F	NO	0034000	04/06/2023				Medicare Supplement Insurance			0.0	0	48,207	27,263	56.6	32
YES	SLVDTC19G	G	NO	0034000	04/06/2023				Medicare Supplement Insurance			0.0	0	48,576	79,055	162.7	47
YES	SLVDTC19N	N	NO	0034000	04/06/2023				Medicare Supplement Insurance			0.0	0	28,805	29,795	103.4	34
0199999. Total Experience on Individual Policies										0	0	0.0	0	125,588	136,113	108.4	113

360.MI

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".

1 2 5 7 5 2 0 2 4 3 6 0 3 0 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF New Hampshire
NAIC Group Code 0001 NAIC Company Code 12575
ADDRESS (City, State and Zip Code) Franklin , TN 37064
Person Completing This Exhibit Leonel Duque
Title Senior Actuary Telephone Number 801-651-8596

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	SLVDTC23G	G	NO	0034000	04/06/2023				Medicare Supplement Insurance			0.0	0	222	214	96.4	1
YES	SLVDTC23N	N	NO	0034000	04/06/2023				Medicare Supplement Insurance			0.0	0	2,821	388	13.8	9
YES	SLVDTC23F	F	NO	0034000	04/06/2023				Medicare Supplement Insurance			0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	3,043	602	19.8	10

360.NH

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: ,
   2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: ,
   3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(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 Leonel Duque
Title Senior Actuary Telephone Number 801-651-8596

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	SLVDTC19F	F	NO	0034000					Medicare Supplement Insurance	8,957	5,123	57.2	4	48,171	70,372	146.1	38
YES	SLVDTC19G	G	NO	0034000					Medicare Supplement Insurance	1,418	93	6.6	1	75,253	117,832	156.6	86
YES	SLVDTC19N	N	NO	0034000					Medicare Supplement Insurance	0	0	0.0	0	16,073	10,092	62.8	23
0199999. Total Experience on Individual Policies										10,375	5,216	50.3	5	139,497	198,296	142.2	147

360.TN

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".

1 2 5 7 5 2 0 2 4 3 6 0 4 9 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE SilverScript Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF West Virginia
NAIC Group Code 0001 NAIC Company Code 12575
ADDRESS (City, State and Zip Code) Franklin , TN 37064
Person Completing This Exhibit Leonel Duque
Title Senior Actuary Telephone Number 801-651-8596

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	SLVDTC23G	G	NO	0034000					Medicare Supplement Insurance			0.0	0	710	0	0.0	1
YES	SLVDTC23F	F	NO	0034000					Medicare Supplement Insurance			0.0	0	1,497	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	2,207	0	0.0	1

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: ,
   2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: ,
   3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2024 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
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	1,760,884,134	XXX	121,031,592	XXX	1,881,915,726
1.12 Without Reinsurance Coverage	0	XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments	66,433,306	XXX		XXX	66,433,306
1.2 Supplemental Benefits	214,361,478	XXX		XXX	214,361,478
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	2,790,470	XXX	555,373	XXX	XXX
2.12 Without Reinsurance Coverage	0	XXX		XXX	XXX
2.2 Supplemental Benefits	(137,363)	XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage	(3,154,344)	XXX	(162,384)	XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable	331,783,700	XXX		XXX	XXX
4.2 Payable	(14,259,656)	XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	1,766,828,948	XXX	121,749,349	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	383,957,350	XXX	0	XXX	XXX
5.2 Supplemental Benefits	214,224,115	XXX	0	XXX	XXX
6. Total Premiums	2,365,010,413	XXX	121,749,349	XXX	2,162,710,510
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	1,636,792,256	XXX	98,396,834	XXX	1,735,189,090
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits	91,930,664	XXX		XXX	91,930,664
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	69,920,915	XXX		XXX	XXX
8.12 Without Reinsurance Coverage	4,251,279	XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	(327,337,009)	XXX	(12,529,134)	XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits	(39,351,829)	XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	2,034,050,180	XXX	110,925,968	XXX	XXX
10.12 Without Reinsurance Coverage	4,251,279	XXX	0	XXX	XXX
10.2 Supplemental Benefits	131,282,493	XXX	0	XXX	XXX
11. Total Claims	2,169,583,952	XXX	110,925,968	XXX	1,827,119,754
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied	XXX	1,390,126,439	XXX	459,975,254	1,850,101,693
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		0
12.3 Reimbursements Receivable-change	XXX	1,390,126,439	XXX	459,975,254	XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid	282,955,463	XXX	14,566,381	XXX	297,521,844
15. Expenses Incurred	276,238,263	XXX	14,220,584	XXX	XXX
16. Underwriting Gain/Loss	(80,811,802)	XXX	(3,397,203)	XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	(1,812,032,781)