



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025
OF THE CONDITION AND AFFAIRS OF THE

SilverScript Insurance Company

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

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No []

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

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

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

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

Primary Location of Books and Records 1021 Reams Fleming Blvd. Franklin, TN, US 37064
(Street and Number) (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 401-770-9669
(Name) (Area Code) (Telephone Number)
Xiaoqi.Wang@CVSHealth.com 401-733-0136
(E-mail Address) (FAX Number)

OFFICERS

President (effective 10/16/25) Brian Cowles Ough # (effective 10/16/2025) Controller Xiaoqi Wang
Vice President and Secretary Edward Chung-I Lee

OTHER

Tracy Louise Smith, Vice President and Treasurer Derek Scott Blunt, Senior Investment Officer Jeffrey James Drzazgowski, Appointed Actuary
Barbara Noel Hennessey, President (through 10/16/2025)

DIRECTORS OR TRUSTEES

Russell Jay Lask (through 10/16/2025) Edward Chung-I Lee Brian Cowles Ouch (effective 10/16/2025) #
Barbara Noel Hennessey

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.

Brian Cowles Ough
President

Edward Chung-I Lee
Vice President and Secretary

Xiaoqi Wang
Controller

State of..... Connecticut
County of..... Hartford

Subscribed and sworn to before me this
22 day of October, 2025

NOTARY PUBLIC (Seal)

State of..... Connecticut
County of..... Hartford

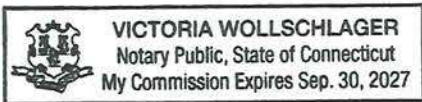
Subscribed and sworn to before me this
20th day of October, 2025

NOTARY PUBLIC (Seal)

State of..... Connecticut
County of..... Hartford

Subscribed and sworn to before me this
____ day of _____, 2025

NOTARY PUBLIC (Seal)



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



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State of..... Connecticut
County of..... Hartford

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County of..... Hartford

State of..... Connecticut
County of..... Hartford

Subscribed and sworn to before me this
___ day of _____, 2025

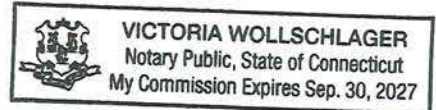
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___ day of _____, 2025

Subscribed and sworn to before me this
22 day of October, 2025

NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)



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STATEMENT AS OF SEPTEMBER 30, 2025 OF THE SilverScript Insurance Company

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	4,308,824		4,308,824	4,168,644
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$8,185,224), cash equivalents (\$524,016,650) and short-term investments (\$)	532,201,874		532,201,874	538,316,960
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	536,510,698	0	536,510,698	542,485,604
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	47,061		47,061	54,336
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	57,806,585	14,134,205	43,672,380	31,437,876
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$555,810,088)	555,810,088	0	555,810,088	462,305,648
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0		0	0
16.2 Funds held by or deposited with reinsured companies	143,020,685	0	143,020,685	121,495,726
16.3 Other amounts receivable under reinsurance contracts	0		0	18,455,906
17. Amounts receivable relating to uninsured plans	5,373,548,948	51,977	5,373,496,971	4,044,651,260
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	42,714,922
18.2 Net deferred tax asset	66,629,049	0	66,629,049	66,629,049
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	266,111	266,111	0	0
24. Health care (\$145,903,917) and other amounts receivable	140,081,295	14,918,106	125,163,189	173,207,000
25. Aggregate write-ins for other-than-invested assets	3,098,344	3,070,817	27,527	5,070,943
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	6,876,818,864	32,441,216	6,844,377,648	5,508,508,270
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	6,876,818,864	32,441,216	6,844,377,648	5,508,508,270
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid expenses	3,070,817	3,070,817	0	0
2502. Premium tax recoverable	27,527	0	27,527	104,979
2503. State income tax receivable	0	0	0	4,965,964
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	3,098,344	3,070,817	27,527	5,070,943

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 3,063,787 reinsurance ceded)	173,074,258	12,232,399	185,306,657	198,066,655
2. Accrued medical incentive pool and bonus amounts	57,771,973		57,771,973	91,676,576
3. Unpaid claims adjustment expenses	2,178,963		2,178,963	2,419,083
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	117,801,039		117,801,039	51,814,892
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves	0		0	0
8. Premiums received in advance	37,558,547		37,558,547	44,741,083
9. General expenses due or accrued	43,002,994		43,002,994	1,315,682
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	36,057,066		36,057,066	0
10.2 Net deferred tax liability	0		0	0
11. Ceded reinsurance premiums payable	109,146,010		109,146,010	0
12. Amounts withheld or retained for the account of others.....	0		0	200,783
13. Remittances and items not allocated	100		100	0
14. Borrowed money (including \$ 1,500,000,000 current) and interest thereon \$ 57,356,250 (including \$ 57,356,250 current)	1,557,356,250		1,557,356,250	1,502,415,000
15. Amounts due to parent, subsidiaries and affiliates	725,850,053		725,850,053	246,217,798
16. Derivatives			0	0
17. Payable for securities	0		0	0
18. Payable for securities lending	0		0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ 5,357,075 unauthorized reinsurers and \$ certified reinsurers).....	5,357,075		5,357,075	3,204,887
20. Reinsurance in unauthorized and certified (\$) companies	0		0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0		0	0
22. Liability for amounts held under uninsured plans	2,743,428,333		2,743,428,333	2,381,650,347
23. Aggregate write-ins for other liabilities (including \$ current)	820	0	820	0
24. Total liabilities (Lines 1 to 23)	5,608,583,481	12,232,399	5,620,815,880	4,523,722,786
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	2,750,000	2,750,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	124,750,000	124,750,000
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	1,096,061,768	857,285,484
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	1,223,561,768	984,785,484
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	6,844,377,648	5,508,508,270
DETAILS OF WRITE-INS				
2301. Unearned Fee Revenue	820		820	
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	820	0	820	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	25,249,377	33,874,983	45,025,765
2. Net premium income (including \$ non-health premium income).....	XXX	6,744,834,405	2,984,160,657	3,983,579,795
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	89,644,783	319,102,046	317,523,307
4. Fee-for-service (net of \$ medical expenses)	XXX	0	0	
5. Risk revenue	XXX	0	0	
6. Aggregate write-ins for other health care related revenues	XXX	(13,348)	(6,052)	(7,748)
7. Aggregate write-ins for other non-health revenues	XXX	2,515	398	685
8. Total revenues (Lines 2 to 7)	XXX	6,834,468,355	3,303,257,049	4,301,096,039
Hospital and Medical:				
9. Hospital/medical benefits	82,864,082	959,732,060	956,403,649	1,320,694,058
10. Other professional services	3,878,319	45,675,800	38,487,795	56,851,253
11. Outside referrals	31,537,776	31,537,776	38,272,976	47,415,164
12. Emergency room and out-of-area	4,290,807	49,696,137	43,539,061	59,325,292
13. Prescription drugs		6,087,404,105	2,473,619,620	3,038,884,279
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		29,420,782	40,839,286	93,351,929
16. Subtotal (Lines 9 to 15)	122,570,984	7,203,466,660	3,591,162,387	4,616,521,975
Less:				
17. Net reinsurance recoveries		1,156,227,258	478,281,464	591,681,745
18. Total hospital and medical (Lines 16 minus 17)	122,570,984	6,047,239,402	3,112,880,923	4,024,840,230
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$23,967,392 cost containment expenses		124,237,145	180,109,531	181,714,063
21. General administrative expenses		253,482,831	191,077,186	316,217,090
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .		59,443,624	20,523,762	0
23. Total underwriting deductions (Lines 18 through 22).....	122,570,984	6,484,403,002	3,504,591,402	4,522,771,383
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	350,065,353	(201,334,353)	(221,675,344)
25. Net investment income earned		(27,655,373)	39,962,024	44,127,561
26. Net realized capital gains (losses) less capital gains tax of \$		0	3,441	5,577
27. Net investment gains (losses) (Lines 25 plus 26)	0	(27,655,373)	39,965,465	44,133,138
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$2,298,412) (amount charged off \$ (9,046,158))].		(6,747,746)	(2,675,337)	(3,786,019)
29. Aggregate write-ins for other income or expenses	0	(1,153)	(258)	(2,329)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	315,661,081	(164,044,483)	(181,330,554)
31. Federal and foreign income taxes incurred	XXX	78,771,988	(30,139,351)	(44,293,434)
32. Net income (loss) (Lines 30 minus 31)	XXX	236,889,093	(133,905,132)	(137,037,120)
DETAILS OF WRITE-INS				
0601. Enhanced Medication Therapy Management (eMTM) revenue from CMS	XXX	(13,348)	(6,052)	(7,748)
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	(13,348)	(6,052)	(7,748)
0701. Non-health fee revenue	XXX	2,515	398	685
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	2,515	398	685
1401.				0
1402.		0	0	0
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. State tax penalty		(1,153)	(258)	(2,329)
2902.				0
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	(1,153)	(258)	(2,329)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	984,785,484	1,184,719,365	1,184,719,365
34. Net income or (loss) from Line 32.....	236,889,093	(133,905,132)	(137,037,120)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			(67,265,584)
39. Change in nonadmitted assets.....	1,887,191	9,624,029	4,368,823
40. Change in unauthorized and certified reinsurance.....	0	0	0
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	0	0	0
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	238,776,284	(124,281,103)	(199,933,881)
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,223,561,768	1,060,438,262	984,785,484
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	6,724,054,978	2,953,999,186	3,945,540,098
2. Net investment income	27,302,667	40,268,195	46,835,020
3. Miscellaneous income	(10,833)	(5,654)	(7,063)
4. Total (Lines 1 to 3)	6,751,346,812	2,994,261,727	3,992,368,055
5. Benefit and loss related payments	6,035,419,132	2,619,292,466	3,478,125,956
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	721,893,071	301,440,400	1,777,104,935
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0	52,839,918
10. Total (Lines 5 through 9)	6,757,312,203	2,920,732,866	5,308,070,809
11. Net cash from operations (Line 4 minus Line 10)	(5,965,391)	73,528,861	(1,315,702,754)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	100,000	120,001
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	3,441	6,131
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	103,441	126,132
13. Cost of investments acquired (long-term only):			
13.1 Bonds	149,695	196,141	196,141
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	149,695	196,141	196,141
14. Net increase/(decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(149,695)	(92,700)	(70,009)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	1,500,000,000
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	0	0	1,500,000,000
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(6,115,086)	73,436,161	184,227,237
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	538,316,960	354,089,723	354,089,723
19.2 End of period (Line 18 plus Line 19.1)	532,201,874	427,525,884	538,316,960

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

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STATEMENT AS OF SEPTEMBER 30, 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	3,706,760	0	0	276	0	0	0	144,791	0	0	0	0	3,561,693	0
2. First Quarter	2,827,727	0	0	520	0	0	0	130,330	0	0	0	0	2,696,877	0
3. Second Quarter	2,782,352	0	0	567	0	0	0	133,381	0	0	0	0	2,648,404	0
4. Third Quarter	2,763,791			622				135,936					2,627,233	
5. Current Year	0							0					0	
6. Current Year Member Months	25,249,377			4,949				1,186,897					24,057,531	
Total Member Ambulatory Encounters for Period:														
7. Physician	4,598,688							4,598,688						
8. Non-Physician	4,258,289							4,258,289						
9. Total	8,856,977	0	0	0	0	0	0	8,856,977	0	0	0	0	0	0
10. Hospital Patient Days Incurred	162,292							162,292						
11. Number of Inpatient Admissions	18,851							18,851						
12. Health Premiums Written (a)	8,056,002,514			670,601				1,638,136,399					6,417,195,514	
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	8,167,868,841			670,379				1,638,136,399					6,529,062,063	
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	7,186,057,014			699,107				1,478,912,211					5,706,445,696	
18. Amount Incurred for Provision of Health Care Services	7,203,466,660			757,102				1,461,623,194					5,741,086,364	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$8,055,331,913

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual					0	0
2. Comprehensive (hospital and medical) group					0	0
3. Medicare Supplement	108,022	591,085	284	103,756	108,306	46,045
4. Vision only					0	0
5. Dental only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare	165,314,834	1,265,792,923	3,959,397	175,124,223	169,274,231	191,901,613
8. Title XIX - Medicaid					0	0
9. Credit A&H					0	0
10. Disability Income					0	0
11. Long-term care					0	0
12. Other health	(133,633,415)	4,675,255,465	6,118,997	0	(127,514,418)	6,118,997
13. Health subtotal (Lines 1 to 12)	31,789,441	5,941,639,473	10,078,678	175,227,979	41,868,119	198,066,655
14. Health care receivables (a)	7,824,362	123,830,770	0	0	7,824,362	190,140,004
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	51,370,769	10,619,448	42,625,930	15,146,043	93,996,699	91,676,576
17. Totals (Lines 13 - 14 + 15 + 16)	75,335,848	5,828,428,151	52,704,608	190,374,022	128,040,456	99,603,227

(a) Excludes \$ 8,426,163 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying statutory financial statements of SilverScript Insurance Company ("the Company"), indirectly a wholly-owned subsidiary of CVS Health Corporation ("CVS Health"), have been prepared in conformity with accounting practices prescribed or permitted by the Tennessee Department of Commerce and Insurance ("Tennessee DCI") ("Tennessee Accounting Practices"). The Tennessee DCI recognizes only statutory accounting practices prescribed or permitted by the State of Tennessee for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP").

A reconciliation of the Company's net income and surplus between NAIC SAP and practices prescribed and permitted by the State of Tennessee for the periods ended September 30, 2025 and December 31, 2024 is as follows:

	SSAP #	F/S Page	F/S Line #	2025	2024
NET INCOME					
(1) SilverScript Insurance Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 236,889,093	\$ (137,037,120)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				—	—
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				—	—
(4) Net Income NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 236,889,093	\$ (137,037,120)
SURPLUS					
(5) SilverScript Insurance Company State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 1,223,561,768	\$ 984,785,484
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				—	—
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				—	—
(8) Statutory Surplus NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 1,223,561,768	\$ 984,785,484

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

The preparation of these financial statements in conformity with Tennessee Accounting Practices requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and revenues and expenses. Actual results could differ from those estimates.

C. Accounting Policies

The Company applies the following significant accounting policies:

(1) No significant change.

(2) Bonds

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections at September 30, 2025. Bonds include all investments whose maturity is greater than one year when purchased. All adjustments between amortized cost and carrying value are reflected in unrealized capital gains and losses and are reported as direct adjustments to surplus.

Bonds are recorded as purchases or sales on the trade date.

The Company periodically reviews its bonds to determine whether a decline in fair value below the carrying value is other-than-temporary. For bonds, other than asset-backed securities ("ABS") discussed in Note 1C. (6) below, an other-than-

NOTES TO FINANCIAL STATEMENTS

temporary impairment (“OTTI”) shall be recorded if it is probable that the Company will be unable to collect all amounts due according to the contractual terms in effect at the date of acquisition. Declines deemed to be OTTI in the cost basis are recognized as realized capital losses. Yield-related impairments are deemed other-than-temporary when the Company intends to sell an investment at the reporting date before recovery of the cost of the investment.

The Company analyzes all relevant facts and circumstances for each investment when performing its analysis to determine whether an OTTI exists. Among the factors considered in evaluating whether a decline is other-than-temporary, management considers whether the decline in fair value results from a change in the quality of the investment security itself, whether the decline results from a downward movement in the market as a whole, the prospects for realizing the carrying value of the bond based on the investee’s current and short-term prospects for recovery and other factors. The risks inherent in assessing the impairment of an investment include the risk that market factors may differ from the Company’s expectations and the risk that facts and circumstances factored into its assessment may change with the passage of time. Unexpected changes to market factors and circumstances that were not present in past reporting periods may result in a current period decision to sell securities that were not other-than-temporarily-impaired in prior reporting periods.

The Company had no Securities Valuation Office-identified investments that are being reported at a different measurement method from the prior year annual statement.

(3) through (5): No significant change.

(6) Asset-Backed Securities

The Company did not have any asset-backed securities at September 30, 2025.

(7) through (18): No significant change.

D. Going Concern

As of November 12, 2025, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company’s ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company’s ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company’s ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company did not have any accounting changes or corrections of errors in the period ended September 30, 2025.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

No significant change.

5. Investments

A. through C.: No significant change.

D. The Company did not have any asset-backed securities at September 30, 2025.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

(1) and (2): No significant change.

(3) Neither the Company nor its agent has accepted collateral that is permitted by contract or custom to sell or repledge as of September 30, 2025.

(4) through (7): No significant change.

F. The Company did not have any repurchase agreements transactions accounted for as secured borrowing at September 30, 2025.

G. The Company did not have any reverse repurchase agreements transactions accounted for as secured borrowing at September 30, 2025.

H. The Company did not have any repurchase agreements transactions accounted for as a sale at September 30, 2025.

I. The Company did not have any reverse repurchase agreements transactions accounted for as a sale at September 30, 2025.

J. through L.: No significant change.

NOTES TO FINANCIAL STATEMENTS

M. The Company did not have any working capital finance investments at September 30, 2025.

N. The Company did not have any offsetting and netting of derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets or liabilities at September 30, 2025.

O. through Q.: No significant change.

R. Reporting Entity's Share of Cash Pool by Asset Type:

The Company's investment in the qualified cash pool is reported in cash equivalents. The Company's investment in the qualified cash pool is \$515,869,405 as of September 30, 2025. The following table presents the percent share distribution by underlying asset type of the total qualified cash pool balance as of September 30, 2025:

Asset Type	Percent Share
(1) Cash	— %
(2) Cash Equivalents	99.82 %
(3) Short-Term Investments	0.18 %
(4) Total	100.00 %

S. No significant change.

6. Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

7. Investment Income

No significant change.

8. Derivative Instruments

The Company did not have any derivative instruments at September 30, 2025.

9. Income Taxes

No significant change.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. through C.:

No significant change.

D. As of September 30, 2025 and December 31, 2024, the Company had the following amounts due to affiliates, which exclude amounts related to pharmacy rebate transactions as discussed more fully in Note 28 and the Company's reinsurance agreements if applicable.

	September 30, 2025	December 31, 2024
Amounts due to affiliates		
Part D Services, LLC and others	\$ 477,723,872	\$ 23,941,016
Aetna Health Management, LLC	248,126,181	222,276,782
Total due to affiliates	\$ 725,850,053	\$ 246,217,798

E. The following is a description of management and service contracts and cost sharing agreements involving the Company and any related party:

In general, the Company relies on its Parent Company and other affiliates under common control of the Ultimate Parent for all support and operations functions. For specific owner/affiliate relationships, please refer to the Organizational Chart contained in Schedule Y.

For the Company's Medicare Part D business, except for amounts due to other prescription drug plans (PDPs), all claims paid and incurred are based on amounts billed by the Parent Company and its affiliates for pharmacy claims filled by pharmacies in the Parent Company's pharmacy network or claims submitted to the Parent Company and affiliates for pharmacy claims paid by state agencies. Additionally, all pharmaceutical rebates are received or are recorded as a receivable from CVS Caremark Part D Services, L.L.C. ("Part D Services"), which contracts with pharmaceutical manufacturers for such rebates.

Aetna Health Management, L.L.C. ("AHM"), an affiliate, provides the services or arranges services from third parties to manage and support the Company's Medicare Supplement business and certain Medicare Part D functions. Effective January 1, 2023, Aetna Health Management also started to manage the Company's Medicare Advantage business.

NOTES TO FINANCIAL STATEMENTS

For the Company's Medicare Advantage business, the Company and AHM are parties to an administrative services agreement, under which AHM provides certain administrative services, which include but are not limited to, accounting and processing of premiums and claims. Under this agreement, the Company remits a percentage of its earned Medicare premium revenue, as applicable, to AHM as a fee, subject to an annual true up mechanism as defined in the agreement. Under the agreement, this true-up is due to be settled with the affiliate by April 15th of the following contract year (which is January 1 to December 31 annually). The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter. For these services, the Company was charged \$156,988,574 and \$136,221,663 for the nine months ending September 30, 2025 and 2024, respectively, by AHM.

For the Company's Medicare Part D business, the Company, Part D Services and AHM are parties to an administrative services agreements, under which Part D Services and AHM provide certain administrative services, which include but are not limited to, accounting and processing of premiums and claims. Under these agreements, management fee is either assessed on a per claim basis, or actual expenses incurred. Management agreements have been filed with the Department. The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter. For these services, the Company was charged \$111,754,966 and \$112,368,286 for the nine months ending September 30, 2025 and 2024, respectively by AHM, and charged \$244,329,150 and \$252,323,220 for the nine months ending September 30, 2025 and 2024, respectively, by Part D Services.

The agreements with AHM and Part D Services also enable the Company to receive manufacturers' pharmacy rebates from Caremark-PCS Health, LLC, an affiliate, to deliver pharmacy benefit management services to the Company via AHM and Part D Services. The Company's earned pharmaceutical rebates of \$2,893,889,054 and \$2,753,448,514, which were recorded as a reduction of medical costs, for the nine months ending September 30, 2025 and 2024, respectively.

The Company's total management fees incurred, including both Medicare Part D and Medicare Advantage business, were \$513,072,690 and \$500,913,169 for the nine months ending September 30, 2025 and 2024, respectively. The Company's total reinsurance expenses ceded to the CVS Caremark Indemnity, Ltd. and Accendo Insurance Company for Medicare Part D business, were \$53,633,532 and \$58,451,042 for the nine months ending September 30, 2025 and 2024, respectively.

Payment terms require the Company to settle with Part D Services and all invoiced amounts for claims and service fees thirty days in arrears after the Company receives an invoice. The settlement of pharmaceutical rebates happens within ninety days of the beginning of the calendar quarter following receipt of such rebates by Part D Services.

Payment terms require the Company to settle with Aetna Health Management within 15 calendar days after the end of each calendar month and in no event more than 45 calendar days after the end of each calendar quarter.

The Company has a written tax-sharing agreement with the Ultimate Parent, and its allocation of the Ultimate Parent's federal and state income and premium taxes is based on the Company's federal and state tax liability determined as if the Company were filing its own separate tax return each year. The Company's tax sharing agreement with the Ultimate Parent provides that the Ultimate Parent will pay the Company for its net operating losses to the extent that such net operating loss is utilized in the reduction of the consolidated federal income tax liability.

F. through O.: No significant change.

11. Debt

- A. As of September 30, 2025, the Company has an outstanding liability for borrowed money and accrued interests in the amount of \$1,557,356,250 due to CVS Health. The borrowed money was related to the Company's commercial revolving promissory note with CVS Health. The principal amount, together with interest upon, is due December 19, 2025. At the option of the Company, early repayment may be made. Interest at the rate of 1/2 of 1% plus the Federal Funds Rate on the day of initiation for such day is required to be paid annually. The Company is not required to maintain a collateral security deposit with the lender.
- B. The Company did not have any Federal Home Loan Bank agreements at September 30, 2025.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

The Company did not have a retirement plan, deferred compensation plan or other postretirement benefit plan at September 30, 2025.

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

No significant change.

14. Liabilities, Contingencies and Assessments

No significant change.

15. Leases

No significant change.

NOTES TO FINANCIAL STATEMENTS

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant change.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

No significant change.

B. Transfer and Servicing of Financial Assets

(1) No significant change.

(2) and (3): The Company did not have any servicing assets or liabilities at September 30, 2025.

(4) The Company did not have any securitized financial assets at September 30, 2025.

(5) through (7): No significant change.

C. Wash Sales

(1) In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date to enhance the Company's yield on its investment portfolio.

(2) The Company had no securities sold during the quarter ended September 30, 2025 and reacquired within 30 days of the sale date.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. No significant change.

B. ASC Plans: The Company has several Administrative Services Contracts ("ASC") with Self-Funded Employer Group Waiver Plans ("SF EGWPs").

For the nine months ending September 30, 2025 and 2024 the gain from operations from ASC uninsured plans was as follows:

	<u>September 30, 2025</u>			
	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC	
a. Gross reimbursement for medical costs incurred	\$ 5,363,945,893	\$ —	\$ 5,363,945,893	
b. Gross administrative fees accrued	112,863,741	—	112,863,741	
c. Other income or expense (including interest paid to or received from plans)	—	—	—	
d. Gross expenses incurred (claims and administrative)	(5,473,984,074)	—	(5,473,984,074)	
e. Total Net Operations	<u>\$ 2,825,560</u>	<u>\$ —</u>	<u>\$ 2,825,560</u>	

	<u>September 30, 2024</u>			
	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC	
a. Gross reimbursement for medical costs incurred	\$ 4,182,105,078	\$ —	\$ 4,182,105,078	
b. Gross administrative fees accrued	94,970,805	—	94,970,805	
c. Other income or expense (including interest paid to or received from plans)	—	—	—	
d. Gross expenses incurred (claims and administrative)	(4,274,329,056)	—	(4,274,329,056)	
e. Total Net Operations	<u>\$ 2,746,827</u>	<u>\$ —</u>	<u>\$ 2,746,827</u>	

C. Medicare and other Similarly Structured Cost Based Reimbursement Contract:

(1) Revenue from the Company's Medicare (or similarly structured cost based reimbursement contract) contracts for the first nine months of 2025 was \$6,833,795,461.

NOTES TO FINANCIAL STATEMENTS

- (2) As of September 30, 2025 and December 31, 2024, the admitted amounts receivable relating to uninsured plans includes the following:

	<u>September 30, 2025</u>	<u>December 31, 2024</u>
Med D CMS settlement-2024	\$ 2,898,130,249	\$ 2,453,821,033
Med D CMS settlement-2025	580,214,383	—
Med D manufactures discount & CGDP receivables	1,430,643,006	968,689,524
Med D Unbilled Group AR & Others	406,415,151	369,502,127
MAPD & Part D Insulin/Vaccine receivable	—	216,811,250
MAPD manufactures discount & CGDP receivables	27,017,321	10,708,532
MAPD CMS settlements- 2024	30,075,159	25,118,794
MAPD CMS settlements- 2025	1,001,702	—
Total amounts receivable related to uninsured plans	<u>\$ 5,373,496,971</u>	<u>\$ 4,044,651,260</u>

These CMS settlements are related to LICS, drugs covered by the catastrophic reinsurance feature and unsettled coverage discount payments from CMS. Settlement amounts due to or from CMS for a plan year for LICS and drugs covered by the catastrophic reinsurance feature are typically settled in the fourth quarter of the following year. As of September 30, 2025 and December 31, 2024, the Company recorded a Medicare Part D CMS settlement receivable of \$2,898,130,249 and \$2,453,821,033 for the plan year 2024, respectively. As of September 30, 2025, the Company recorded a Medicare Part D CMS settlement receivable of \$580,214,383 for 2025 plan year. Insulin/vaccine receivable was settled during first quarter of 2025.

Coverage gap discount receivable represents amounts invoiced or to be invoiced by CMS to pharmaceutical manufacturers on the Company's behalf. Fluctuations in this balance are due to the timing of when CMS invoices the pharmaceutical manufacturers and when collections are received by the Company. The coverage gap phase was eliminated in 2025 and replaced by a new Manufacturer Discount Program. Effective in 2025, the new Manufacturer Discount Program required pharmaceutical manufacturers to provide a percentage discount on applicable drugs in the initial coverage and catastrophic phases. CMS continues to invoice the pharmaceutical manufacturers on discounts on the Company's behalf.

Unbilled group receivables primarily represent the last week of claims for the month that are billed to the respective SF EGWPs the first week of the following month.

As of September 30, 2025 and December 31, 2024, amounts payable relating to uninsured plans includes the following:

	<u>September 30, 2025</u>	<u>December 31, 2024</u>
Med D CMS settlement-2023	\$ —	\$ 203,416,948
Med D Reopener payables & others	130,593,017	135,053,061
Med D SF EGWP payables	2,580,774,134	2,042,929,376
MAPD manufactures discount & CGDP payables- CMS	32,061,182	—
MAPD Reopener payables & others	—	250,962
Total amounts payable related to uninsured plans	<u>\$ 2,743,428,333</u>	<u>\$ 2,381,650,347</u>

Reopener payables represent accruals for prior plan years that are due back to CMS and are the results of retro-activities that happen after the initial settlement with CMS. Reopeners are settled with CMS according to CMS timetable which is approximately 5 years after the initial settlement with CMS.

SF EGWP client payables represent the amounts due back to SF EGWP clients for LICS and reinsurance subsidies the Company will collect from CMS on their behalf. The Company typically expects to collect the LICS and reinsurance subsidies in the fourth quarter of the following plan year and the Company will settle the payable to SF EGWPs at that time. The balance also includes the rebates collected from pharmaceutical manufacturers on the client's behalf.

- (3) As of September 30, 2025 and 2024, there were no allowances or reserves for adjustment of recorded revenues.
- (4) The Company has made no adjustment to revenue resulting from audits of receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

20. Fair Value Measurements

A.

- (1) The Company had no material assets and liabilities that are measured and reported at fair value in the financial statements as of September 30, 2025.
- (2) There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during 2025.
- (3) Transfers in and out of all levels are recognized at the end of the reporting period of which the transfer occurred.

NOTES TO FINANCIAL STATEMENTS

(4) The Company's fair value measurement valuation techniques are described in B. below.

(5) The Company did not have any derivative instruments at September 30, 2025.

B. The fair values of these instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy. The following are the levels of the hierarchy and a brief description of the type of valuation information ("inputs") that qualifies a financial asset or liability for each level:

Level 1 - Unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 - Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets.

Level 3 - Developed from unobservable data, reflecting the Company's own assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classifies these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, the Company estimates fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

C. The carrying values and estimated fair values of the Company's financial instruments at September 30, 2025 were as follows:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Issuer Credit Obligations	\$ 4,221,409	\$ 4,308,824	\$ 3,699,490	\$ 521,919	\$ —	\$ —	\$ —
Cash Equivalents and Money Market Funds	524,016,650	524,016,650	8,147,245	515,869,405	—	—	—

In evaluating the Company's management of interest rate and liquidity risk and currency exposures, the fair values of all assets and liabilities should be taken into consideration, not only those presented above.

D. The Company did not have any financial instruments where it was not practicable to estimate the fair value.

E. The Company has not elected to use the net asset value practical expedient to fair value to measure its investments.

21. Other Items

A. and B.: No significant change.

C. Other Disclosures

U.S. ex rel. Andrew Shea v. Aetna Life Insurance Company, et al.(U.S. District Court for the District of Massachusetts). In May 2025, the U.S. Attorney's Office for the District of Massachusetts filed a complaint-in-intervention in this previously sealed qui tam case. The complaint alleges that the Company and two other large health insurance companies paid kickbacks to insurance brokers to induce them to direct patients to their Medicare Advantage plans and, as a result, claims made to the government in connection with those plans violated the federal False Claims Act and Anti-Kickback Statute. The complaint also alleges that the Company engaged in discriminatory conduct. The Company is defending itself against these claims.

D. through I.: No significant change.

22. Events Subsequent

A. Type I - Recognized Subsequent Events

Subsequent events have been considered through November 12, 2025 for the statutory statement issued on November 12, 2025.

The Company had no known reportable recognized subsequent events.

B. Type II - Non-Recognized Subsequent Events

Subsequent events have been considered through November 12, 2025 for the statutory statement issued on November 12, 2025.

The Company had no known reportable non-recognized subsequent events.

NOTES TO FINANCIAL STATEMENTS

23. Reinsurance

A. Ceded Reinsurance Report

The Company has a quota share reinsurance agreement with an affiliate of the Parent Company, CVS Caremark Indemnity, Ltd., a Bermuda domiciled insurer. Under the terms of this agreement, the Company cedes a percentage of the Company's share of the risk associated with individual and group premiums, claims and administrative expenses of Medicare Part D business. This agreement was amended in 2017. The percentage risk ceded decreased from 20% to 15%, effective January 1, 2018. The original agreement was approved by the Department on August 15, 2011 and was retroactive to January 1, 2011.

The Company also has a quota share reinsurance agreement with another affiliate of the Parent Company, Accendo Insurance Company, a Utah domiciled insurer. Under the terms of this agreement, the Company cedes 5% of the Company's share of the risk associated with individual and group premiums, claims and administrative expenses of Medicare Part D business. This agreement was effective January 1, 2018.

The Company has a quota share reinsurance agreement with Fresenius Medical Care Reinsurance Company (Cayman) Ltd. to cover its Medicare Advantage End Stage Renal Disease (ESRD) business.

The following is a financial summary of the ceded amounts and related expenses under these agreements:

	<u>Month ending</u> <u>September 30, 2025</u>	<u>Year ending</u> <u>December 31, 2024</u>
Statement of Revenue and Expense:		
Premiums and other revenue	\$ 1,333,389,653	\$ 655,784,512
Benefits	(1,156,227,258)	(591,681,745)
Commission expenses	(54,139,358)	(76,016,773)
Interest expense	505,637	(681,453)
Total revenue and expense ceded	\$ 123,528,674	\$ (12,595,459)
Balance Sheet:		
Claims Unpaid	\$ 3,063,787	\$ 2,580,816
Accrued retrospective premiums	(119,435,790)	(97,214,246)
Premiums received in advance	7,126,692	8,728,798
Premiums receivable	(10,544,564)	(7,736,850)
Accrued Incentive	573,705	8,561,653
Healthcare receivable	(20,740,728)	(33,835,081)
Total ceded balance sheet items	\$ (139,956,898)	\$ (118,914,910)
Unsettled Prior Year Balance	\$ (12,089,376)	\$ (5,236,376)
Funds held by or deposited with reinsured companies	\$ 1,341,021,982	\$ 663,831,857
Funds held under reinsurance treaties with unauthorized reinsurers	(1,347,572,785)	(772,632,620)
Funds withheld under reinsurance treaties	(21,966,797)	(27,945,982)
Amount Due from Accendo, CVS Caremark Indemnity, and Fresenius	\$ (28,517,600)	\$ (136,746,745)
	<u>Month ending</u> <u>September 30, 2025</u>	<u>Year ending</u> <u>December 31, 2024</u>
Funds held by or deposited with reinsured companies (Line 16.2 of Page 2)		
Accendo Insurance Company	\$ (35,755,171)	\$ (30,373,931)
CVS Caremark Indemnity, Ltd.	(107,265,514)	(91,121,795)
	\$ (143,020,685)	\$ (121,495,726)
Ceded reinsurance premiums Payable (Line 11 of Page 3) / (Ceded reinsurance premiums Receivable) (Line 16.3 of Page 2)		
Accendo Insurance Company	\$ 27,286,503	\$ (4,613,977)
CVS Caremark Indemnity, Ltd.	81,859,507	(13,841,929)
	\$ 109,146,010	\$ (18,455,906)
Funds withheld under reinsurance treaties (Line 19 of Page 3)		
Fresenius Medical Care Reinsurance Company, Ltd	\$ 5,357,075	\$ 3,204,887
	\$ 5,357,075	\$ 3,204,887
Amount Due from Accendo, CVS Caremark Indemnity, and Fresenius	\$ (28,517,600)	\$ (136,746,745)

B. through E.: No significant change.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

NOTES TO FINANCIAL STATEMENTS

A. through D.: No significant change.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the ACA risk sharing provisions (YES/NO)? Yes [] No [X]

(2) through (3): Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

	<u>September 30, 2025</u>	<u>December 31, 2024</u>
Balance at January 1	\$ 292,162,314	\$ 104,086,393
Health care receivables	(190,140,004)	(549,863,710)
Balance, January 1, net of health care receivables	\$ 102,022,310	\$ (445,777,317)
Incurring related to:		
Current year	6,143,039,318	4,262,046,790
Prior year	28,437,229	(55,492,497)
Total incurred	6,171,476,547	4,206,554,293
Paid related to:		
Current year	6,074,317,103	4,188,486,338
Prior year	85,579,293	(529,731,672)
Total Paid	6,159,896,396	3,658,754,666
Balance at September 30, 2025 and December 31, 2024, net of health care receivables	\$ 113,602,461	\$ 102,022,310
Health care receivables	131,655,132	190,140,004
Net balance at September 30, 2025 and December 31, 2024	\$ 245,257,593	\$ 292,162,314

A. Reserves as of December 31, 2024 were \$102,022,310. As of September 30, 2025, \$85,579,293 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$44,880,246 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$28,437,229 unfavorable prior-year development since December 31, 2024 to September 30, 2025. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this increase, the Company experienced \$28,437,229 of unfavorable, prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

B. There has been no significant change in the Company's methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements

No significant change.

27. Structured Settlements

No significant change.

28. Health Care Receivables

The following is a summary of the Company's Health Care and Other Amounts Receivable as of September 30, 2025 and December 31, 2024, respectively. The amounts are presented gross of non-admitted receivable, but net of reinsurance ceded:

	<u>September 30, 2025</u>	<u>December 31, 2024</u>
Pharmaceutical Rebates Receivable	\$ 102,748,620	\$ 157,593,272
Performance Network Rebate Receivable	7,824,362	16,933,004
Other Health Care Receivables	29,508,313	15,613,728
Total Health Care and Other Amounts Receivable	\$ 140,081,295	\$ 190,140,004

A. Pharmaceutical Rebates Receivables

NOTES TO FINANCIAL STATEMENTS

The Company receives pharmaceutical rebates through an agreement with Part D Services and AHM. Both Part D Services and AHM have contractual agreements with CVS Caremark for rebates, which cover the Company's membership as well as the membership of other affiliates. The Company receives those rebates from Part D Services and AHM that relate to the Company's membership. The Company estimates pharmaceutical rebate receivables based upon the historical payment trends, actual utilization and other variables. Actual rebates collected are applied to the collection periods below, using a first in first out methodology.

The Company reported a pharmaceutical rebate receivable of \$102,748,620 and \$157,593,272, net of reinsurance ceded, as of September 30, 2025 and December 31, 2024, respectively. All rebates are determined to be received within 90 days after Part D Services and Aetna Health Management receive the payments from manufactures.

B. No significant change.

29. Participating Policies

No significant change.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$59,443,624
2. Date of the most recent evaluation of this liability	9/30/2025
3. Was anticipated investment income utilized in the calculation?	No

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
Effective July 9, 2025, Aetna Insurance Hong Kong Limited was dissolved.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0000064803
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2025
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2020
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/28/2022
- 6.4 By what department or departments?
Tennessee Department of Commerce and Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No []
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
In the first quarter of 2025 the Code of Conduct was amended. The changes made were updating the name of a section, report, and policy, and made minor improvements to the spacing and formatting.
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
- 14.2 If yes, please complete the following:
- | | 1
Prior Year-End
Book/Adjusted
Carrying Value | 2
Current Quarter
Book/Adjusted
Carrying Value |
|---|--|---|
| 14.21 Bonds | \$ 0 | \$ 0 |
| 14.22 Preferred Stock | \$ 0 | \$ 0 |
| 14.23 Common Stock | \$ 0 | \$ 0 |
| 14.24 Short-Term Investments | \$ 0 | \$ 0 |
| 14.25 Mortgage Loans on Real Estate | \$ 0 | \$ 0 |
| 14.26 All Other | \$ 0 | \$ 0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$ 0 | \$ 0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ 0 | \$ 0 |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 16.3 Total payable for securities lending reported on the liability page. \$ 0

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
State Street Bank and Trust Company	State Street Financial Center; Corporate Headquarters; One Congress Street; Boston, MA 02114-2016

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No []

- 17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
Derek S. Blunt as Senior Investment Officer	A.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [] No []

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

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
.....	David S. Blunt	N/A	Not registered	NO.....

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

- 18.2 If no, list exceptions:

.....

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

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

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

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

- Has the reporting entity self-designated PLGI securities? Yes [] No []

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

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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent 89.702 %
 - 1.2 A&H cost containment percent 0.351 %
 - 1.3 A&H expense percent excluding cost containment expenses 5.176 %
- 2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date \$..... 0
- 2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date \$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	L	58,566,904	58,853					58,625,757	
2. Alaska	AK	L	7,866,493	0					7,866,493	
3. Arizona	AZ	L	68,133,715	0					68,133,715	
4. Arkansas	AR	L	67,308,272	9,393					67,317,665	
5. California	CA	L	682,552,055	27,046					682,579,101	
6. Colorado	CO	L	54,531,647	0					54,531,647	
7. Connecticut	CT	L	82,516,766	0					82,516,766	
8. Delaware	DE	L	28,408,196	0					28,408,196	
9. District of Columbia	DC	L	20,154,274	0					20,154,274	
10. Florida	FL	L	363,524,482	112,890					363,637,372	
11. Georgia	GA	L	162,468,031	1,127,862,482					1,290,330,513	
12. Hawaii	HI	L	10,591,218	0					10,591,218	
13. Idaho	ID	L	48,025,271	0					48,025,271	
14. Illinois	IL	L	164,817,688	24,362					164,842,050	
15. Indiana	IN	L	236,143,540	4,390					236,147,930	
16. Iowa	IA	L	84,012,323	0					84,012,323	
17. Kansas	KS	L	85,033,129	0					85,033,129	
18. Kentucky	KY	L	176,614,058	0					176,614,058	
19. Louisiana	LA	L	107,934,144	32,862					107,967,006	
20. Maine	ME	L	16,959,259	0					16,959,259	
21. Maryland	MD	L	203,178,536	0					203,178,536	
22. Massachusetts	MA	L	274,737,563	0					274,737,563	
23. Michigan	MI	L	90,158,705	21,557					90,180,262	
24. Minnesota	MN	L	138,369,473	0					138,369,473	
25. Mississippi	MS	L	83,973,269	9,028					83,982,297	
26. Missouri	MO	L	147,729,589	20,946					147,750,535	
27. Montana	MT	L	37,886,011	0					37,886,011	
28. Nebraska	NE	L	44,734,012	0					44,734,012	
29. Nevada	NV	L	29,581,939	0					29,581,939	
30. New Hampshire	NH	L	28,458,840	0					28,458,840	
31. New Jersey	NJ	L	211,849,109	0					211,849,109	
32. New Mexico	NM	L	23,270,716	0					23,270,716	
33. New York	NY	L	471,206,062	24,196					471,230,258	
34. North Carolina	NC	L	164,239,943	22,504					164,262,447	
35. North Dakota	ND	L	27,030,892	0					27,030,892	
36. Ohio	OH	L	180,529,541	16,714					180,546,255	
37. Oklahoma	OK	L	111,910,413	0					111,910,413	
38. Oregon	OR	L	42,232,613	0					42,232,613	
39. Pennsylvania	PA	L	479,630,844	11,369					479,642,213	
40. Rhode Island	RI	L	17,308,052	0					17,308,052	
41. South Carolina	SC	L	98,139,084	30,767					98,169,851	
42. South Dakota	SD	L	31,291,784	0					31,291,784	
43. Tennessee	TN	L	111,794,764	38,654					111,833,418	
44. Texas	TX	L	336,025,342	509,808,386					845,833,728	
45. Utah	UT	L	46,333,201	0					46,333,201	
46. Vermont	VT	L	27,059,413	0					27,059,413	
47. Virginia	VA	L	148,372,421	0					148,372,421	
48. Washington	WA	L	69,607,529	0					69,607,529	
49. West Virginia	WV	L	84,055,561	0					84,055,561	
50. Wisconsin	WI	L	111,466,903	0					111,466,903	
51. Wyoming	WY	L	18,829,542	0					18,829,542	
52. American Samoa	AS	N	0	0					0	
53. Guam	GU	L	22,249	0					22,249	
54. Puerto Rico	PR	L	564,168	0					564,168	
55. U.S. Virgin Islands	VI	L	118,554	0					118,554	
56. Northern Mariana Islands	MP	L	8,013	0					8,013	
57. Canada	CAN	N	0	0					0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		6,417,866,115	1,638,136,399	0	0	0	0	8,056,002,514	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX								0	
61. Totals (Direct Business)	XXX		6,417,866,115	1,638,136,399	0	0	0	0	8,056,002,514	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0	0	0	0

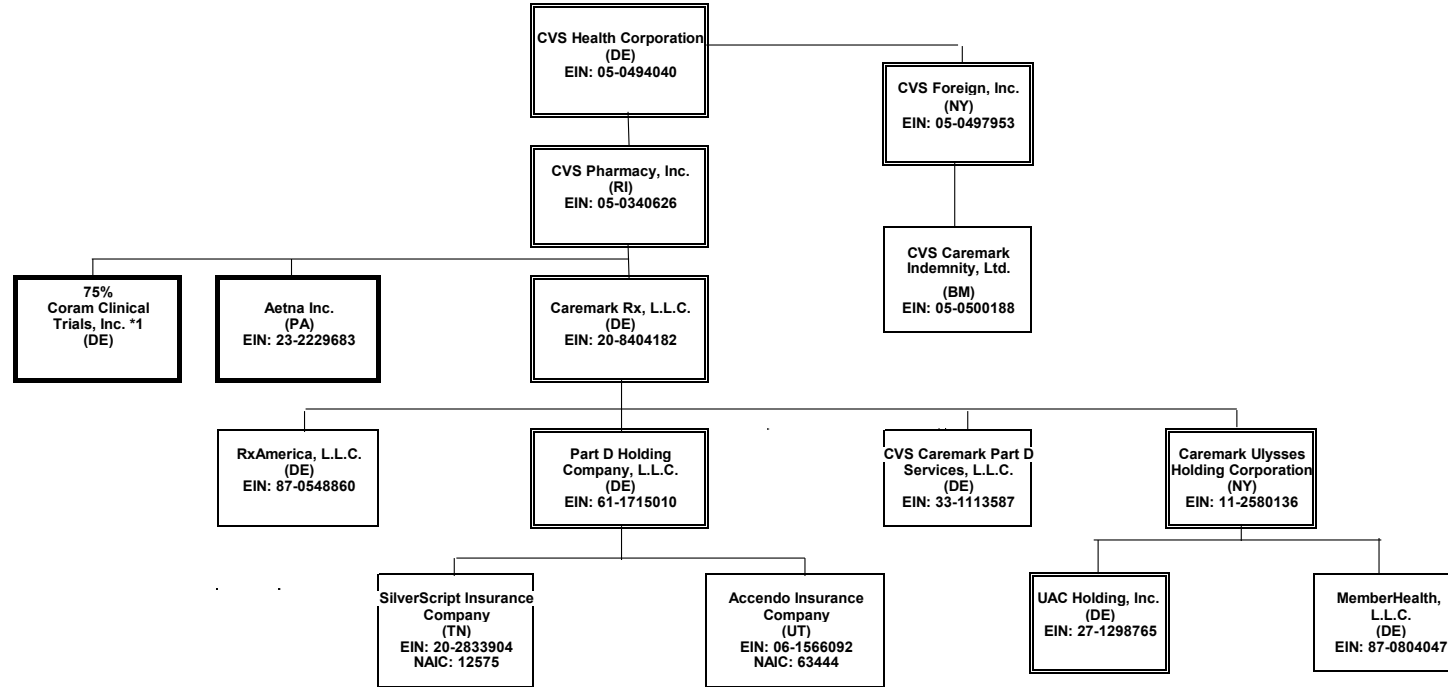
(a) Active Status Counts:

- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 55
- 2. R - Registered - Non-domiciled RRGs..... 0
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0
- 4. Q - Qualified - Qualified or accredited reinsurer..... 0
- 5. N - None of the above - Not allowed to write business in the state..... 2

The basis of the allocation by state is the residency of the member.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



This organizational chart reflects the insurance entity reporting system and identifies the relationship between the ultimate parent and all member insurers. The ultimate controlling company is a Fortune 6 company with numerous subsidiaries, the majority of which do not interact with the insurance entities.

(1) Insurers/HMO's

Percentages are rounded to the nearest whole percent and based on ownership of voting rights.

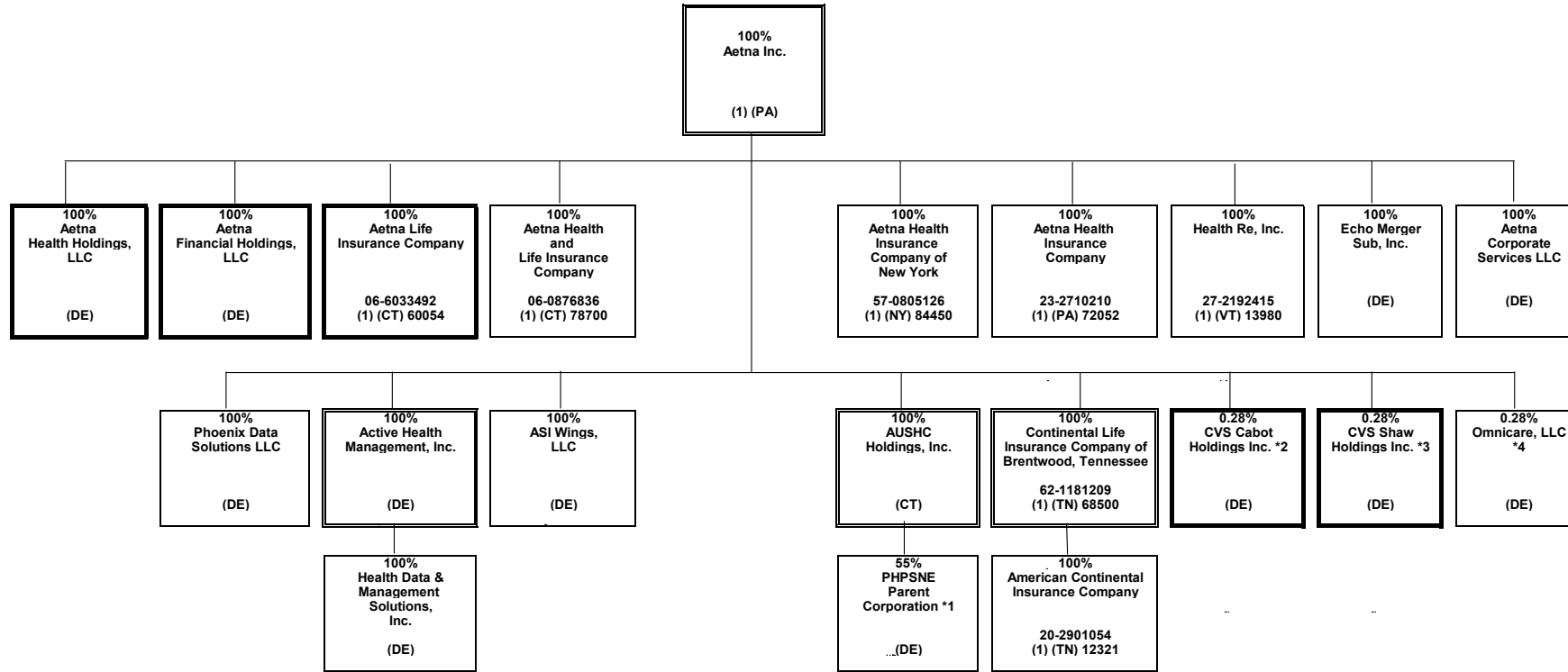
Double borders indicate entity has subsidiaries shown on the same page.

Bold borders indicate entity has subsidiaries shown on a separate page.

*1 Coram Clinical Trials, Inc. is also 25% owned by Aetna Life Insurance Company

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

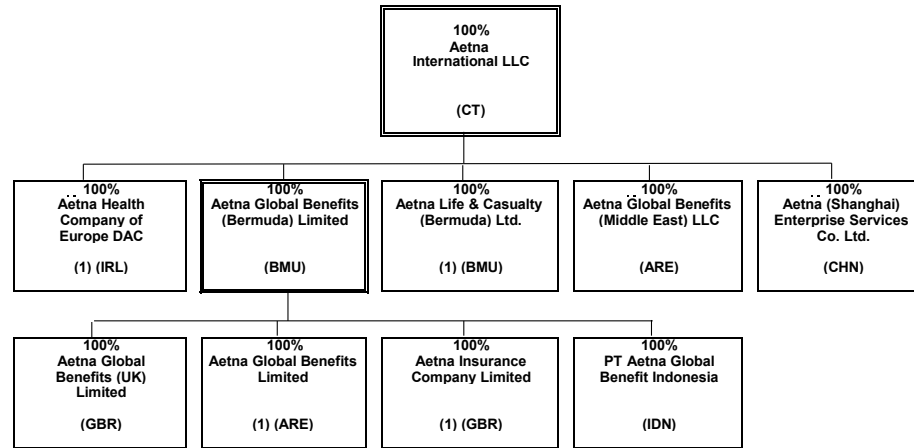
PART 1 - ORGANIZATIONAL CHART



*1 PHPSNE Parent Corporation is also 45% owned by third parties.
 *2 CVS Cabot Holdings Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
 *3 CVS Shaw Holdings Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
 *4 Omnicare, LLC is also owned by CVS Cabot Holdings Inc and CVS Shaw Holdings Inc., each with 49.86% ownership.

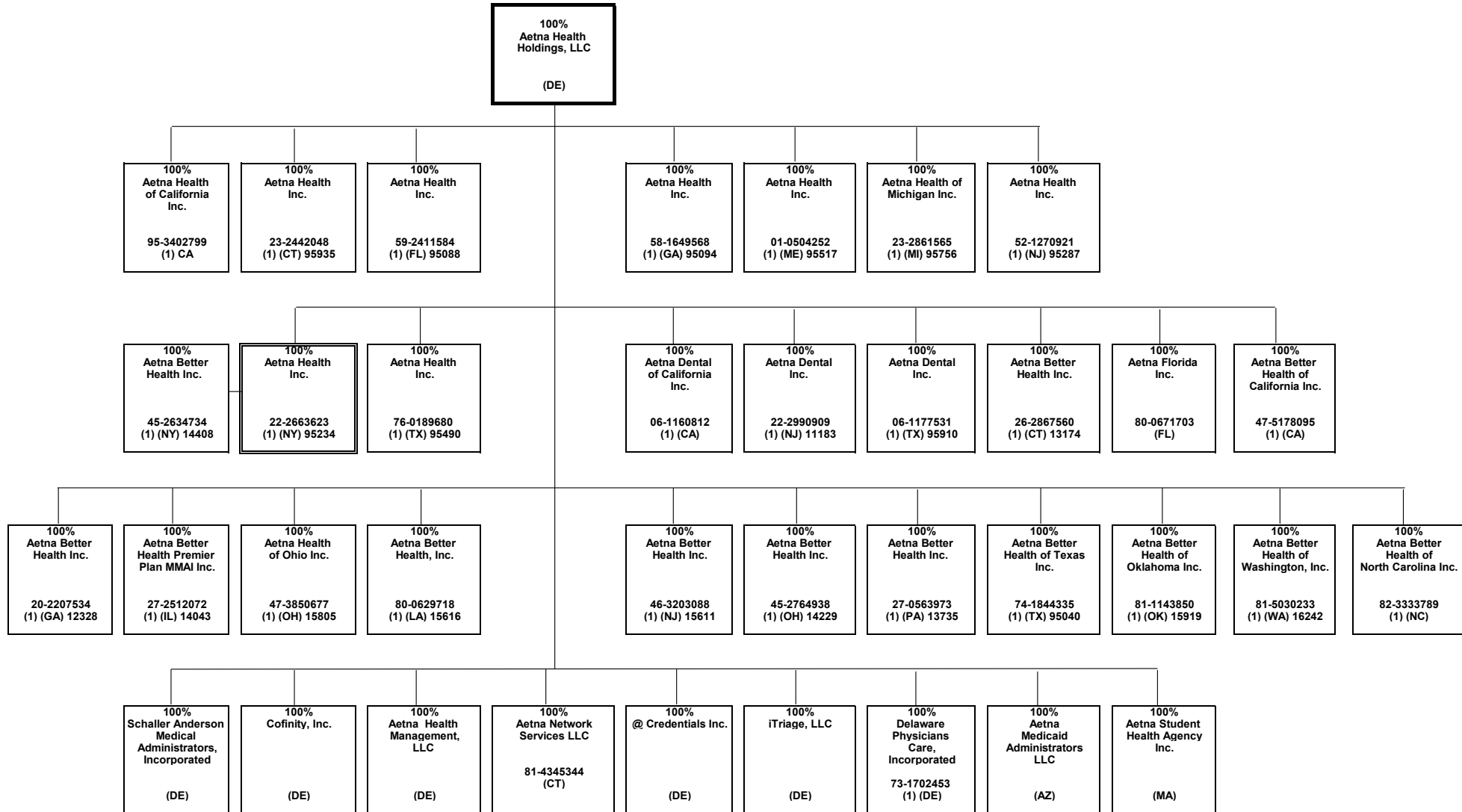
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



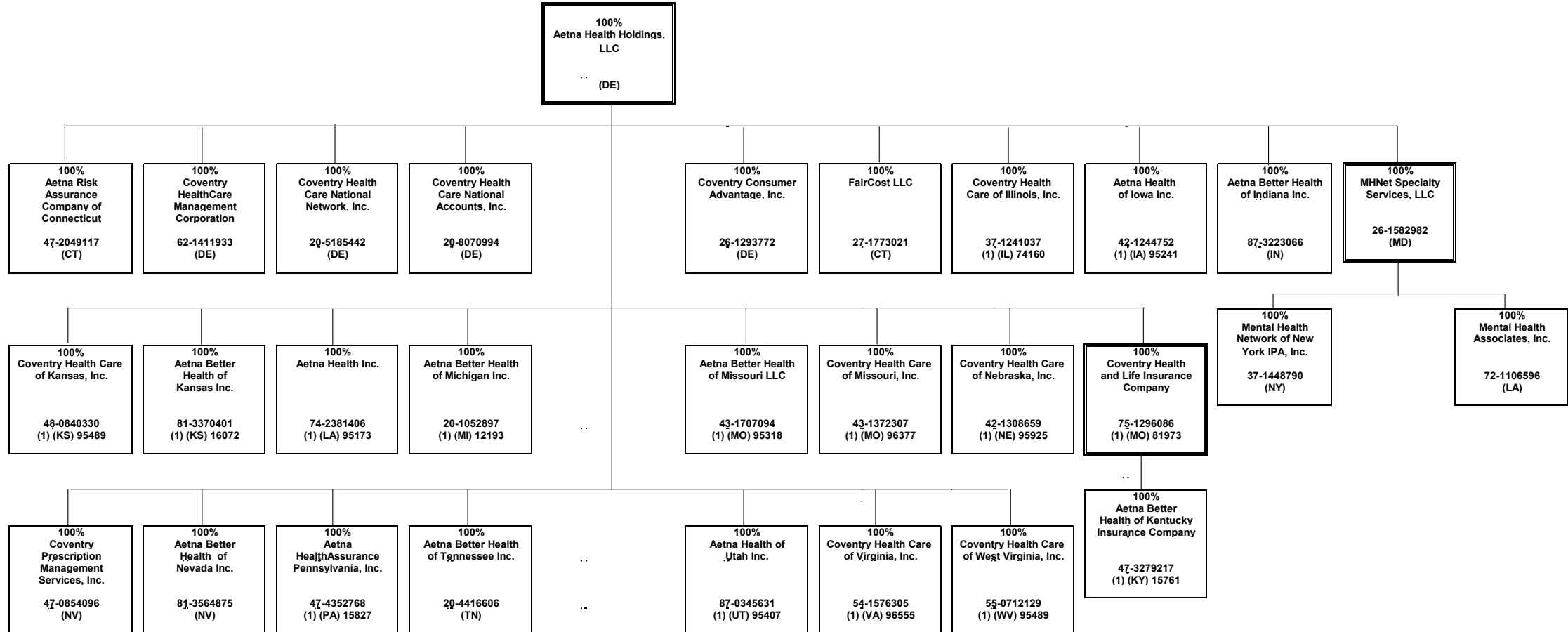
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



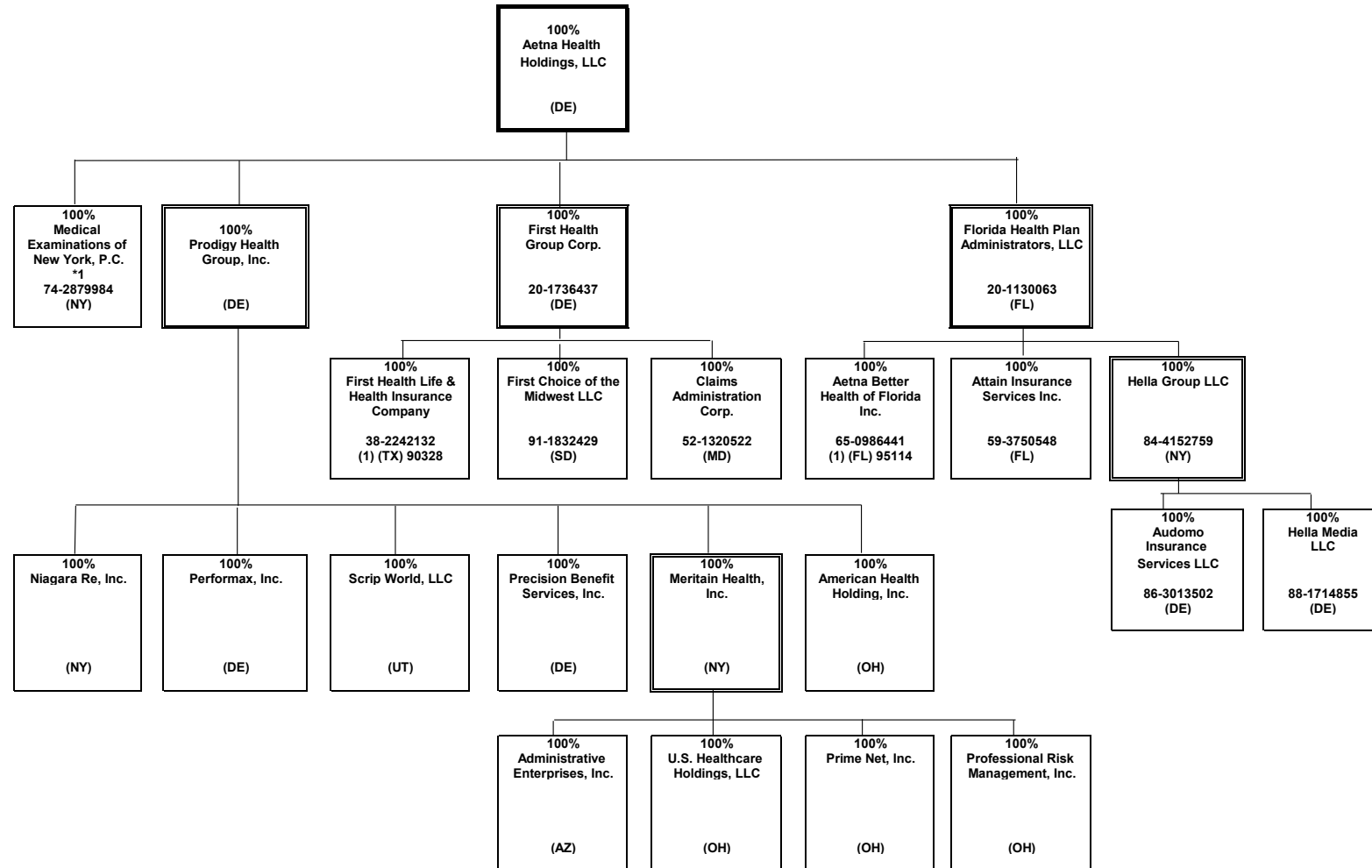
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

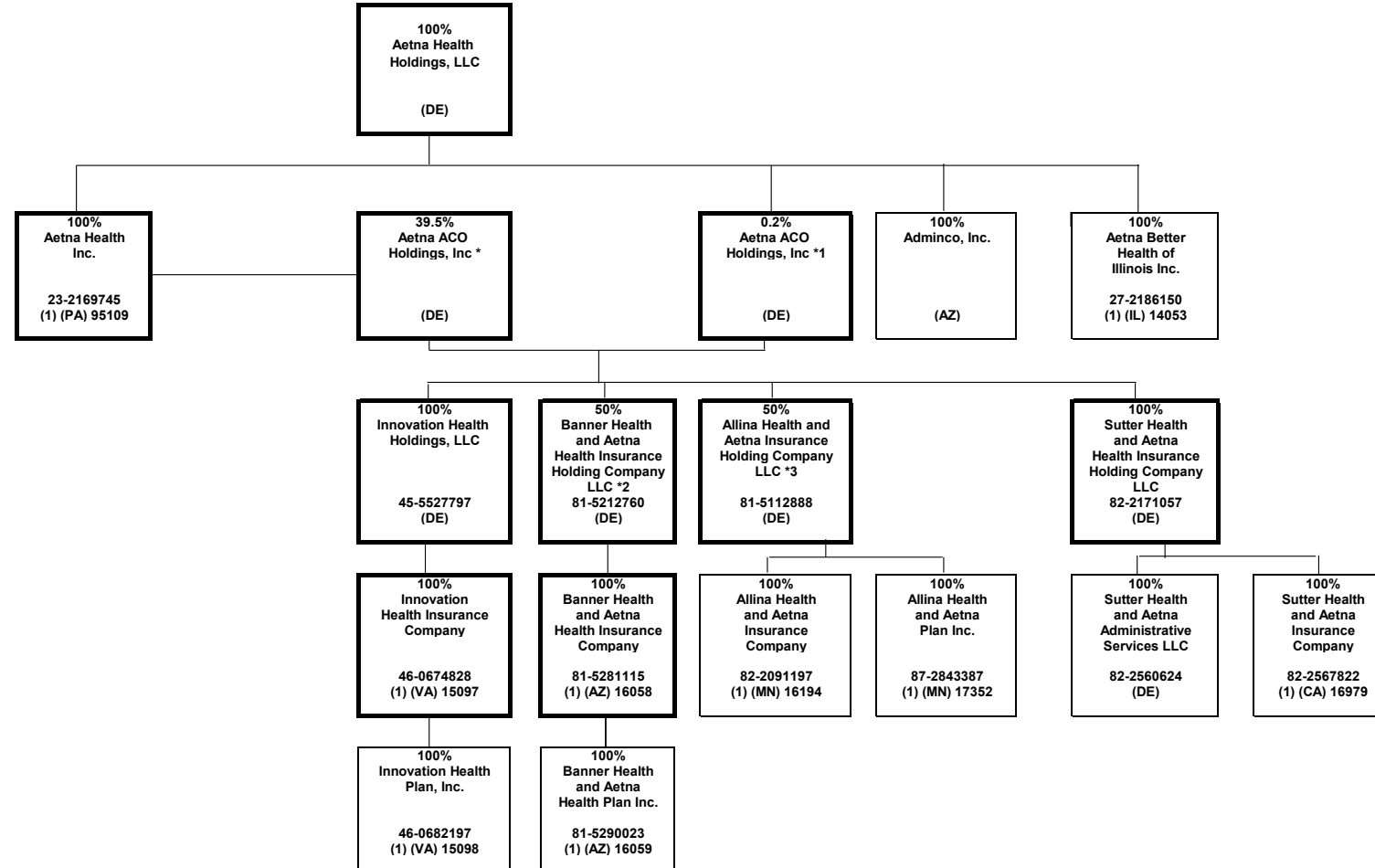
PART 1 - ORGANIZATIONAL CHART



*1 Owned via a nominee

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



15.6

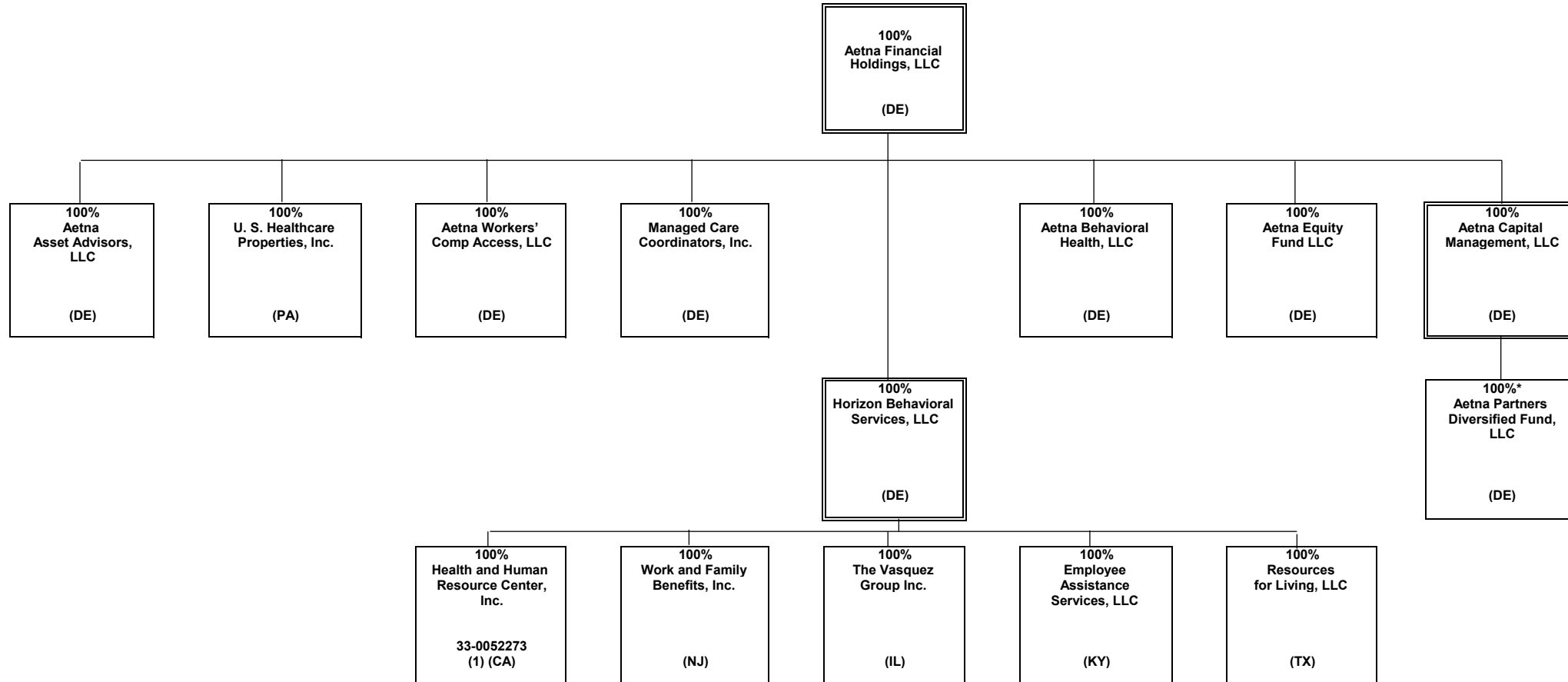
*1 Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).

*2 Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.

*3 Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

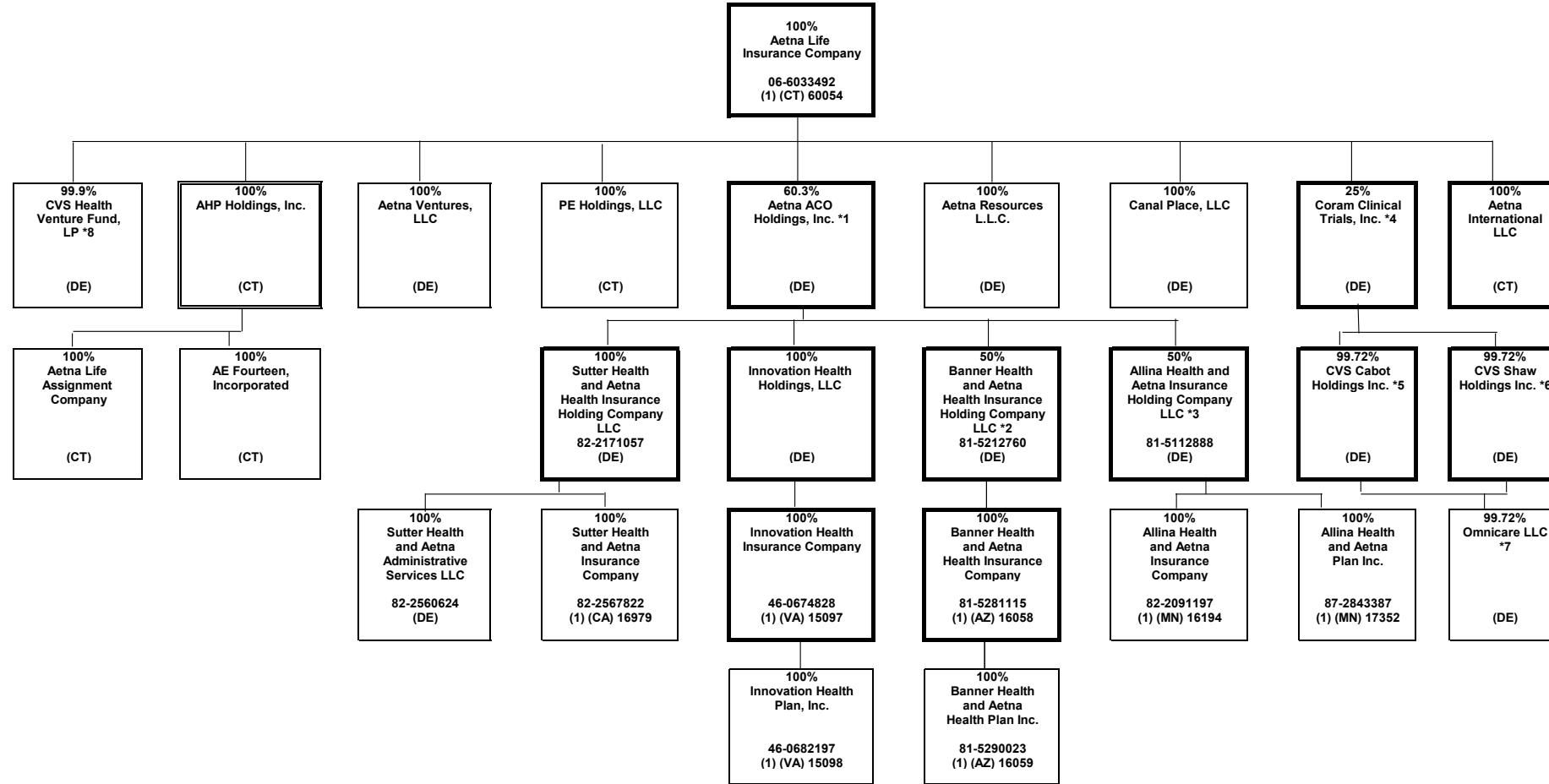
PART 1 - ORGANIZATIONAL CHART



* Aetna Capital Management, LLC is the managing member of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain 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.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



*1 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).
 *2 Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.
 *3 Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health System.
 *4 Coram Clinical Trials, Inc. is also 75% owned by CVS Pharmacy, Inc.
 *5 CVS Cabot Holdings Inc. is also 0.28% owned by Aetna Inc.
 *6 CVS Shaw Holdings Inc. is also 0.28% owned by Aetna Inc.
 *7 Remaining 0.28% owned by Aetna Inc. CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc. each owning 49.86%.
 *8 CVS Health Venture Fund, LP is also 0.1% owned by CVS Helath Ventures Fund GP, LLC

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE SilverScript Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.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	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
.0001	CVS HEALTH GROUP	00000	86-0842559				Aetna Medicaid Administrators LLC	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE SilverScript Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.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				Adinco, 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	20-3180700				Canal Place, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	58-2160656				Aetna Ventures, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	85-3918720				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				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		0001314522		Aetna Workers' Comp Access, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-0446713				Aetna Behavioral Health, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	23-2670015				Managed Care Coordinators, Inc.	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	59-3269144				Horizon Behavioral Services, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	61-1193498				Employee Assistance Services, LLC	KY	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE SilverScript Insurance Company

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.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 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 (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	22-2578985				AUSHC Holdings, Inc.	CT	NIA	Aetna Inc.	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
.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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE SilverScript Insurance Company

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.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
							Coventry Health Care National Accounts, Inc.								
.0001	CVS HEALTH GROUP	00000	20-8070994					..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
							First Health Life & Health Insurance Company								
.0001	CVS HEALTH GROUP	90328	38-2242132					..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
							Banner Health and Aetna Health Insurance Holding Company LLC								
.0001	CVS HEALTH GROUP	00000	81-5212760					..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
							Allina Health and Aetna Insurance Company								
.0001	CVS HEALTH GROUP	16194	82-2091197					..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
							Sutter Health and Aetna Insurance Company								
.0001	CVS HEALTH GROUP	16979	82-2567822					..CA.....	..IA.....	Sutter Health and Aetna Insurance Holding Company LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0
.0001	CVS HEALTH GROUP	16558	82-333789				Aetna Better Health of North Carolina Inc.	..NC.....	..IA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0
.0001	CVS HEALTH GROUP	14053	27-2186150				Aetna Better Health of Illinois Inc.	..IL.....	..IA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0
.0001	CVS HEALTH GROUP	00000	87-3223066				Aetna Better Health of Indiana Inc.	..IN.....	..NIA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0
.0001	CVS HEALTH GROUP	00000					CVS Health Venture Fund, LP	..DE.....	..NIA.....	Aetna Life Insurance Company	Ownership.....	100.000	CVS Health Corporation	..NO.....	10

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE SilverScript Insurance Company

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.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

NONE

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE SilverScript Insurance Company

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	4,168,644	4,105,157
2. Cost of bonds and stocks acquired	149,695	196,141
3. Accrual of discount	7,184	9,310
4. Unrealized valuation increase/(decrease)	0	
5. Total gain (loss) on disposals	0	
6. Deduct consideration for bonds and stocks disposed of	0	120,001
7. Deduct amortization of premium	16,699	21,963
8. Total foreign exchange change in book/adjusted carrying value	0	
9. Deduct current year's other than temporary impairment recognized	0	
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	4,308,824	4,168,644
12. Deduct total nonadmitted amounts	0	
13. Statement value at end of current period (Line 11 minus Line 12)	4,308,824	4,168,644

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE SilverScript Insurance Company

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	4,311,957	0	0	(3,133)	4,165,446	4,311,957	4,308,824	4,168,644
2. NAIC 2 (a)	0	0	0	0	0	0	0	0
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total ICO	4,311,957	0	0	(3,133)	4,165,446	4,311,957	4,308,824	4,168,644
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total ABS	0	0	0	0	0	0	0	0
PREFERRED STOCK								
15. NAIC 1	0	0	0	0	0	0	0	0
16. NAIC 2	0	0	0	0	0	0	0	0
17. NAIC 3	0	0	0	0	0	0	0	0
18. NAIC 4	0	0	0	0	0	0	0	0
19. NAIC 5	0	0	0	0	0	0	0	0
20. NAIC 6	0	0	0	0	0	0	0	0
21. Total Preferred Stock	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	4,311,957	0	0	(3,133)	4,165,446	4,311,957	4,308,824	4,168,644

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

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

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Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	538,530,633	361,804,754
2. Cost of cash equivalents acquired	12,855,198,481	34,586,428,150
3. Accrual of discount	0	25,999,535
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	6,131
6. Deduct consideration received on disposals	12,869,712,464	34,435,707,937
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	524,016,650	538,530,633
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	524,016,650	538,530,633

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

N O N E

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE SilverScript Insurance Company

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Restricted Asset Code	4 Date Acquired	5 Stated Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0489999999. Total - Issuer Credit Obligations (Unaffiliated)						0	0	0
0499999999. Total - Issuer Credit Obligations (Affiliated)						0	0	0
0509999999. Total - Issuer Credit Obligations						0	0	0
09248U-71-8	BlackRock T-Fund Institutional Share Class		04/18/2016			8,147,245	36,567	277,634
8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO						8,147,245	36,567	277,634
	CASHPOL		09/29/2025	0.000		515,869,405	0	27,505,500
8499999999. Subtotal - Other Cash Equivalents (Unaffiliated)						515,869,405	0	27,505,500
8589999999. Total Cash Equivalents (Unaffiliated)						524,016,650	36,567	27,783,134
8599999999. Total Cash Equivalents (Affiliated)						0	0	0
8609999999 - Total Cash Equivalents						524,016,650	36,567	27,783,134



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2025 OF THE SilverScript Insurance Company
MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0001

NAIC Company Code 12575

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected	4,696,419,752	XXX	414,793,546	XXX	5,111,213,298
2. Earned Premiums	4,826,780,118	XXX	396,202,816	XXX	XXX
3. Claims Paid	4,251,288,476	XXX	327,626,041	XXX	4,578,914,517
4. Claims Incurred	4,275,990,105	XXX	332,458,675	XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	XXX	835,163,049	XXX	397,237,541	1,232,400,590
6. Aggregate Policy Reserves - Change		XXX		XXX	XXX
7. Expenses Paid	162,223,082	XXX	13,315,966	XXX	175,539,048
8. Expenses Incurred	201,209,544	XXX	16,516,142	XXX	XXX
9. Underwriting Gain or Loss	349,580,469	XXX	47,227,999	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	(875,640,857)

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ 3,478,344,633 due from CMS or \$ 130,593,017 due to CMS