



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

HealthSpring Life & Health Insurance Company, Inc.

NAIC Group Code 0917 0917 NAIC Company Code 12902 Employer's ID Number 20-8534298
(Current) (Prior)

Organized under the Laws of Illinois, State of Domicile or Port of Entry IL

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health; Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 02/27/2007 Commenced Business 02/27/2007

Statutory Home Office 300 East Randolph Street, Chicago, IL, US 60601-5099
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 300 East Randolph Street
(Street and Number)
Chicago, IL, US 60601-5099, 312-653-6000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 300 East Randolph Street, Chicago, IL, US 60601-5099
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 300 East Randolph Street
(Street and Number)
Chicago, IL, US 60601-5099, 312-653-6000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.hcsc.com

Statutory Statement Contact Connie Schmidt Ansley, 615-564-3480
(Name) (Area Code) (Telephone Number)
regulatory@cignahealthcare.com, 615-401-4566
and connie_ansley@hcsc.com
(E-mail Address) (FAX Number)

OFFICERS

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

OTHER

Eric Roger Schmid #, Vice President, Tax Mark Edmond Ochal #, Vice President Minhe Yu #, Vice President
Marlena Powell Pickering #, Assistant Secretary

DIRECTORS OR TRUSTEES

Stephen Devon Harris # Kimberly Ann Green # Sachin Gupta #
Eric Roger Schmid # Lillian Michelle Sutton #

State of Tennessee SS
County of Sumner

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Stephen Devon Harris #
Chief Executive Officer, President

Lillian Michelle Sutton #
Treasurer

Arlene Keh Lim #
Secretary

Subscribed and sworn to before me this _____ day of January, 2026

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

Kathleen G. Yates
Notary Public
October 26, 2027

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	1,476,232	535,802	722,253	3,458,495	3,458,495	2,734,287
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities	70,826,381					70,826,381
0499999. Premiums due and unpaid from Medicaid entities						
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EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	116,524,271	684,349,478	15,347,105	297,435,598	131,871,376	113,923,898
2. Claim overpayment receivables	371,985	(2,688,031)	2,037,736	3,752,647	2,409,721	2,691,978
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables	11,892		11,831		23,723	23,723
5. Risk sharing receivables	5,828,493		31,173,984	46,801,681	37,002,477	35,775,705
6. Other health care receivables.....	9,115,127		6,271,861	9,192,122	15,386,988	10,049,682
7. Totals (Lines 1 through 6)	131,851,768	681,661,447	54,842,517	357,182,048	186,694,285	162,464,986

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
GulfQuest, LLC	Management Fee	62,427,429	62,427,429	
NewQuest Mgt of Alabama, LLC	Management Fee	32,958,707	32,958,707	
HealthSpring USA, LLC	Management Fee	23,889,550	23,889,550	
Bravo Health, LLC	Management Fee	8,833,681	8,833,681	
NewQuest Mgmt of IL LLC	Management Fee	6,546,625	6,546,625	
NewQuest Management of Florida	Management Fee	645	645	
Medco Containment Life Insurance Company	Part D	69,708,269	69,708,269	
Bravo Health Pennsylvania, Inc.	Part D	31,922,300	31,922,300	
HealthSpring of Florida, Inc.	Part D	6,341,304	6,341,304	
HealthSpring Healthcare of Colorado	Part D	3,953,203	3,953,203	
Bravo Health Mid-Atlantic, Inc.	Part D	3,372,712	3,372,712	
HealthSpring, Inc.	Convey Accrual	10,340,113	10,340,113	
Medco Containment Life Insurance Company	Audit Recoveries	4,129,485	4,129,485	
HealthSpring Healthcare of Colorado	Audit Recoveries	2,850	2,850	
HealthSpring, Inc.	AP Invoices	3,668,244	3,668,244	
HealthSpring USA, LLC	AP Invoices	250,579	250,579	
GulfQuest, LLC	Medical Claims	3,463,382	3,463,382	
NewQuest Mgt of Alabama, LLC	Medical Claims	154,852	154,852	
NewQuest Mgmt of IL LLC	Medical Claims	26,903	26,903	
Bravo Health, LLC	Medical Claims	2,922	2,922	
0199999. Individually listed payables		271,993,755	271,993,755	0
0299999. Payables not individually listed		3,193,170	3,193,170	
0399999 Total gross payables		275,186,925	275,186,925	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	1,989,192,893	26.8	198,825	37.8		1,989,192,893
2. Intermediaries	140,799,678	1.9	14,376	2.7		140,799,678
3. All other providers	20,982,784	0.3	8,311	1.6		20,982,784
4. Total capitation payments	2,150,975,355	29.0	221,512	42.1	0	2,150,975,355
Other Payments:						
5. Fee-for-service	3,872,425,237	52.3	XXX	XXX		3,872,425,237
6. Contractual fee payments	1,403,601,792	18.9	XXX	XXX		1,403,601,792
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	(16,617,826)	(0.2)	XXX	XXX		(16,617,826)
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	5,259,409,203	71.0	XXX	XXX	0	5,259,409,203
13. TOTAL (Line 4 plus Line 12)	7,410,384,558	100%	XXX	XXX	0	7,410,384,558

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	IRON CITY IPA LLC	34,539,023	2,878,252		
	HATTIESBURG IPA LLC	29,408,053	2,450,671		
67369	CIGNA HEALTH & LIFE INSURANCE COMPANY	25,521,927	2,126,827		
	SAINT THOMAS MEDICAL PARTNERS IPA LLC	16,664,057	1,388,671		
	PROVIDENCE MEDICAL NETWORK IPA LLC	9,390,140	782,512		
	LIGHTHOUSE IPA LLC	9,328,910	777,409		
	ETOWAH IPA LLC	6,816,361	568,030		
	SOUTHERN MEDICAL PHYSICIAN IPA	3,821,482	318,457		
	GREATER CHICAGO PHYSICIANS GROUP LLC	3,328,786	277,399		
	SYNERGY HEALTHCARE LLC	1,268,278	105,690		
	RIVER REGION IPA LLC	177,902	14,825		
	CENTERWELL IPA SOLUTIONS LLC	160,570	53,523		
	TALLACO IPA LLC	95,960	7,997		
	DALLAS IPA LLC	95,869	7,989		
	LITTLE RIVER CANYON IPA LLC	92,374	30,791		
	TENNESSEE VALLEY IPA LLC	84,965	7,080		
	CULLMAN PRIMARY CARE IPA LLC	5,441	453		
	EMERALD SHORES IPA LLC	177	15		
	CIGNA BEHAVIORAL HEALTH	82	7		
	CIGNA HEALTH MANAGEMENT	(679)	(57)		
9999999 Totals		140,799,678	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Alabama		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	30,386							30,386						
2. First quarter	51,823							51,823						
3. Second quarter	52,781							52,781						
4. Third quarter	53,713							53,713						
5. Current year	53,642							53,642						
6. Current year member months	631,737							631,737						
Total Member Ambulatory Encounters for Year:														
7. Physician	310,598							310,598						
8. Non-physician	546,065							546,065						
9. Total	856,663	0	0	0	0	0	0	856,663	0	0	0	0	0	0
10. Hospital patient days incurred	75,710							75,710						
11. Number of inpatient admissions	11,753							11,753						
12. Health premiums written (b)	850,081,125							850,081,125						
13. Life premiums direct	0							0						
14. Property/casualty premiums written	0							0						
15. Health premiums earned	850,081,125							850,081,125						
16. Property/casualty premiums earned	0							0						
17. Amount paid for provision of health care services	774,400,061							774,400,061						
18. Amount incurred for provision of health care services	783,747,524							783,747,524						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 850,081,125

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Arizona		2025										NAIC Company Code	
		12902		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior year	0														
2. First quarter	1,405							1,405							
3. Second quarter	1,405							1,405							
4. Third quarter	1,406							1,406							
5. Current year	1,390							1,390							
6. Current year member months	16,830							16,830							
Total Member Ambulatory Encounters for Year:															
7. Physician	9,745							9,745							
8. Non-physician	30,096							30,096							
9. Total	39,841	0	0	0	0	0	0	39,841	0	0	0	0	0	0	
10. Hospital patient days incurred	1,046							1,046							
11. Number of inpatient admissions	203							203							
12. Health premiums written (b)	15,806,759							15,806,759							
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	15,806,759							15,806,759							
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	16,996,710							16,996,710							
18. Amount incurred for provision of health care services	17,637,177							17,637,177							

(a) For health business: number of persons insured under PPO managed care products 1,390 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 15,806,759

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Arkansas		2025										
				(LOCATION)										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	0													
2. First quarter	5,285							5,285						
3. Second quarter	5,260							5,260						
4. Third quarter	5,268							5,268						
5. Current year	5,301							5,301						
6. Current year member months	63,289							63,289						
Total Member Ambulatory Encounters for Year:														
7. Physician	45,362							45,362						
8. Non-physician	73,542							73,542						
9. Total	118,904	0	0	0	0	0	0	118,904	0	0	0	0	0	0
10. Hospital patient days incurred	5,972							5,972						
11. Number of inpatient admissions	1,033							1,033						
12. Health premiums written (b)	78,566,659							78,566,659						
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	78,566,659							78,566,659						
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	50,552,362							50,552,362						
18. Amount incurred for provision of health care services	59,027,831							59,027,831						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 78,566,659

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Colorado		2025										NAIC Company Code	
		12902		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior year	11							11							
2. First quarter	4,259							4,259							
3. Second quarter	4,135							4,135							
4. Third quarter	4,065							4,065							
5. Current year	4,005							4,005							
6. Current year member months	49,557							49,557							
Total Member Ambulatory Encounters for Year:															
7. Physician	22,340							22,340							
8. Non-physician	62,901							62,901							
9. Total	85,241	0	0	0	0	0	0	85,241	0	0	0	0	0	0	
10. Hospital patient days incurred	2,705							2,705							
11. Number of inpatient admissions	531							531							
12. Health premiums written (b)	43,219,168							43,219,168							
13. Life premiums direct	0							0							
14. Property/casualty premiums written	0							0							
15. Health premiums earned	43,219,168							43,219,168							
16. Property/casualty premiums earned	0							0							
17. Amount paid for provision of health care services	45,864,655							45,864,655							
18. Amount incurred for provision of health care services	48,824,895							48,824,895							

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 43,219,168

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Connecticut		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	113							113						
2. First quarter	2,282							2,282						
3. Second quarter	2,282							2,282						
4. Third quarter	2,310							2,310						
5. Current year	2,300							2,300						
6. Current year member months	27,563							27,563						
Total Member Ambulatory Encounters for Year:														
7. Physician	12,616							12,616						
8. Non-physician	36,001							36,001						
9. Total	48,617	0	0	0	0	0	0	48,617	0	0	0	0	0	0
10. Hospital patient days incurred	2,797							2,797						
11. Number of inpatient admissions	387							387						
12. Health premiums written (b)	27,059,647							27,059,647						
13. Life premiums direct	0							0						
14. Property/casualty premiums written	0							0						
15. Health premiums earned	27,059,647							27,059,647						
16. Property/casualty premiums earned	0							0						
17. Amount paid for provision of health care services	33,905,588							33,905,588						
18. Amount incurred for provision of health care services	36,161,618							36,161,618						

(a) For health business: number of persons insured under PPO managed care products2,300 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$27,059,647

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Delaware		2025										
				NAIC Company Code 12902										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	0													
2. First quarter	1,027							1,027						
3. Second quarter	987							987						
4. Third quarter	990							990						
5. Current year	964							964						
6. Current year member months	11,968							11,968						
Total Member Ambulatory Encounters for Year:														
7. Physician	6,265							6,265						
8. Non-physician	16,896							16,896						
9. Total	23,161	0	0	0	0	0	0	23,161	0	0	0	0	0	0
10. Hospital patient days incurred	1,336							1,336						
11. Number of inpatient admissions	177							177						
12. Health premiums written (b)	13,681,433							13,681,433						
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	13,681,433							13,681,433						
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	45,399,233							45,399,233						
18. Amount incurred for provision of health care services	46,611,753							46,611,753						

(a) For health business: number of persons insured under PPO managed care products 964 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 13,681,433

30 DE



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		(LOCATION)										
		District of Columbia		2025										
		NAIC Company Code		12902										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	0													
2. First quarter	522							522						
3. Second quarter	506							506						
4. Third quarter	494							494						
5. Current year	482							482						
6. Current year member months	6,069							6,069						
Total Member Ambulatory Encounters for Year:														
7. Physician	3,132							3,132						
8. Non-physician	8,448							8,448						
9. Total	11,580	0	0	0	0	0	0	11,580	0	0	0	0	0	0
10. Hospital patient days incurred	668							668						
11. Number of inpatient admissions	88							88						
12. Health premiums written (b)	6,090,409							6,090,409						
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	6,090,409							6,090,409						
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	22,699,616							22,699,616						
18. Amount incurred for provision of health care services	23,305,877							23,305,877						

(a) For health business: number of persons insured under PPO managed care products 482 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 6,090,409

30.DC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Florida		2025										
				(LOCATION)										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	727							727						
2. First quarter	660							660						
3. Second quarter	658							658						
4. Third quarter	658							658						
5. Current year	668							668						
6. Current year member months	7,935							7,935						
Total Member Ambulatory Encounters for Year:														
7. Physician	7,252							7,252						
8. Non-physician	20,983							20,983						
9. Total	28,235	0	0	0	0	0	0	28,235	0	0	0	0	0	0
10. Hospital patient days incurred	3,139							3,139						
11. Number of inpatient admissions	548							548						
12. Health premiums written (b)	9,647,429							9,647,429						
13. Life premiums direct	0							0						
14. Property/casualty premiums written	0							0						
15. Health premiums earned	9,647,429							9,647,429						
16. Property/casualty premiums earned	0							0						
17. Amount paid for provision of health care services	5,750,583							5,750,583						
18. Amount incurred for provision of health care services	6,746,555							6,746,555						

(a) For health business: number of persons insured under PPO managed care products 668 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$9,647,429

30.FL



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Georgia		2025										
		(LOCATION)		NAIC Company Code 12902										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	2,647							2,647						
2. First quarter	37,223							37,223						
3. Second quarter	33,700							33,700						
4. Third quarter	34,034							34,034						
5. Current year	34,436							34,436						
6. Current year member months	417,524							417,524						
Total Member Ambulatory Encounters for Year:														
7. Physician	252,623							252,623						
8. Non-physician	641,337							641,337						
9. Total	893,960	0	0	0	0	0	0	893,960	0	0	0	0	0	0
10. Hospital patient days incurred	45,038							45,038						
11. Number of inpatient admissions	7,063							7,063						
12. Health premiums written (b)	532,586,167							532,586,167						
13. Life premiums direct	0							0						
14. Property/casualty premiums written	0							0						
15. Health premiums earned	532,586,167							532,586,167						
16. Property/casualty premiums earned	0							0						
17. Amount paid for provision of health care services	482,208,561							482,208,561						
18. Amount incurred for provision of health care services	516,645,157							516,645,157						

(a) For health business: number of persons insured under PPO managed care products 263 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 532,586,167

30.GA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)		
		Illinois		2025										NAIC Company Code		
		12902		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan											
		Total	Individual	Group												
Total Members at end of:																
1.	Prior year	10,949														
2.	First quarter	24,568														
3.	Second quarter	24,333														
4.	Third quarter	24,321														
5.	Current year	24,094														
6.	Current year member months	292,814														
Total Member Ambulatory Encounters for Year:																
7.	Physician	140,754														
8.	Non-physician	313,894														
9.	Total	454,648	0	0	0	0	0	0	0	0	0	0	0	0	0	
10.	Hospital patient days incurred	24,864														
11.	Number of inpatient admissions	4,134														
12.	Health premiums written (b)	374,663,142														
13.	Life premiums direct	0														
14.	Property/casualty premiums written	0														
15.	Health premiums earned	374,663,142														
16.	Property/casualty premiums earned	0														
17.	Amount paid for provision of health care services	322,141,523														
18.	Amount incurred for provision of health care services	325,708,667														

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 374,663,142

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Kentucky		2025										
		(LOCATION)		NAIC Company Code 12902										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	0													
2. First quarter	165							165						
3. Second quarter	174							174						
4. Third quarter	167							167						
5. Current year	164							164						
6. Current year member months	2,016							2,016						
Total Member Ambulatory Encounters for Year:														
7. Physician	1,018							1,018						
8. Non-physician	2,563							2,563						
9. Total	3,581	0	0	0	0	0	0	3,581	0	0	0	0	0	0
10. Hospital patient days incurred	164							164						
11. Number of inpatient admissions	26							26						
12. Health premiums written (b)	2,201,874							2,201,874						
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	2,201,874							2,201,874						
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	2,234,739							2,234,739						
18. Amount incurred for provision of health care services	2,469,558							2,469,558						

(a) For health business: number of persons insured under PPO managed care products 164 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,201,874

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Maine		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	284							284						
2. First quarter	283							283						
3. Second quarter	281							281						
4. Third quarter	279							279						
5. Current year	284							284						
6. Current year member months	3,380							3,380						
Total Member Ambulatory Encounters for Year:														
7. Physician	2,022							2,022						
8. Non-physician	6,247							6,247						
9. Total	8,269	0	0	0	0	0	0	8,269	0	0	0	0	0	0
10. Hospital patient days incurred	1,335							1,335						
11. Number of inpatient admissions	233							233						
12. Health premiums written (b)	4,093,100							4,093,100						
13. Life premiums direct	0							0						
14. Property/casualty premiums written	0							0						
15. Health premiums earned	4,093,100							4,093,100						
16. Property/casualty premiums earned	0							0						
17. Amount paid for provision of health care services	2,535,413							2,535,413						
18. Amount incurred for provision of health care services	3,057,078							3,057,078						

(a) For health business: number of persons insured under PPO managed care products 284 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 4,093,100

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		(LOCATION)										
		Maryland		2025										
		NAIC Company Code		12902										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	5,694							5,694						
2. First quarter	449							449						
3. Second quarter	451							451						
4. Third quarter	451							451						
5. Current year	454							454						
6. Current year member months	5,412							5,412						
Total Member Ambulatory Encounters for Year:														
7. Physician	3,233							3,233						
8. Non-physician	9,986							9,986						
9. Total	13,219	0	0	0	0	0	0	13,219	0	0	0	0	0	0
10. Hospital patient days incurred	2,134							2,134						
11. Number of inpatient admissions	372							372						
12. Health premiums written (b)	6,543,195							6,543,195						
13. Life premiums direct	0							0						
14. Property/casualty premiums written	0							0						
15. Health premiums earned	6,543,195							6,543,195						
16. Property/casualty premiums earned	0							0						
17. Amount paid for provision of health care services	4,053,090							4,053,090						
18. Amount incurred for provision of health care services	4,887,019							4,887,019						

(a) For health business: number of persons insured under PPO managed care products 454 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 6,543,195

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Mississippi		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code 12902										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	11,847							11,847						
2. First quarter	13,726							13,726						
3. Second quarter	13,690							13,690						
4. Third quarter	13,647							13,647						
5. Current year	13,534							13,534						
6. Current year member months	163,911							163,911						
Total Member Ambulatory Encounters for Year:														
7. Physician	52,940							52,940						
8. Non-physician	92,192							92,192						
9. Total	145,132	0	0	0	0	0	0	145,132	0	0	0	0	0	0
10. Hospital patient days incurred	17,060							17,060						
11. Number of inpatient admissions	2,713							2,713						
12. Health premiums written (b)	219,419,585							219,419,585						
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	219,419,585							219,419,585						
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	193,477,313							193,477,313						
18. Amount incurred for provision of health care services	193,451,267							193,451,267						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 219,419,585

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Missouri		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	107							107						
2. First quarter	3,125							3,125						
3. Second quarter	3,221							3,221						
4. Third quarter	3,287							3,287						
5. Current year	3,280							3,280						
6. Current year member months	38,526							38,526						
Total Member Ambulatory Encounters for Year:														
7. Physician	21,915							21,915						
8. Non-physician	46,945							46,945						
9. Total	68,860	0	0	0	0	0	0	68,860	0	0	0	0	0	0
10. Hospital patient days incurred	5,209							5,209						
11. Number of inpatient admissions	849							849						
12. Health premiums written (b)	29,412,575							29,412,575						
13. Life premiums direct	0							0						
14. Property/casualty premiums written	0							0						
15. Health premiums earned	29,139,321							29,139,321						
16. Property/casualty premiums earned	0							0						
17. Amount paid for provision of health care services	44,281,180							44,281,180						
18. Amount incurred for provision of health care services	47,572,456							47,572,456						

(a) For health business: number of persons insured under PPO managed care products56 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$29,412,575

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Nevada		2025										
				(LOCATION)										
		Comprehensive (Hospital & Medical)												
		2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	0													
2. First quarter	866							866						
3. Second quarter	945							945						
4. Third quarter	1,028							1,028						
5. Current year	1,017							1,017						
6. Current year member months	11,325							11,325						
Total Member Ambulatory Encounters for Year:														
7. Physician	5,042							5,042						
8. Non-physician	9,688							9,688						
9. Total	14,730	0	0	0	0	0	0	14,730	0	0	0	0	0	0
10. Hospital patient days incurred	1,484							1,484						
11. Number of inpatient admissions	220							220						
12. Health premiums written (b)	11,468,566							11,468,566						
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	11,468,566							11,468,566						
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	10,292,357							10,292,357						
18. Amount incurred for provision of health care services	11,460,578							11,460,578						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 11,468,566

30 NV



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		(LOCATION)										
		New Jersey		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code 12902										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	277							277						
2. First quarter	5,401							5,401						
3. Second quarter	5,252							5,252						
4. Third quarter	5,161							5,161						
5. Current year	5,101							5,101						
6. Current year member months	63,287							63,287						
Total Member Ambulatory Encounters for Year:														
7. Physician	29,575							29,575						
8. Non-physician	104,827							104,827						
9. Total	134,402	0	0	0	0	0	0	134,402	0	0	0	0	0	0
10. Hospital patient days incurred	6,145							6,145						
11. Number of inpatient admissions	1,001							1,001						
12. Health premiums written (b)	72,945,412							72,945,412						
13. Life premiums direct	0							0						
14. Property/casualty premiums written	0							0						
15. Health premiums earned	72,945,412							72,945,412						
16. Property/casualty premiums earned	0							0						
17. Amount paid for provision of health care services	60,474,926							60,474,926						
18. Amount incurred for provision of health care services	64,244,695							64,244,695						

(a) For health business: number of persons insured under PPO managed care products5,101 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$72,945,412

30 NJ



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		(LOCATION)										
		New York		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code 12902										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	636							636						
2. First quarter	28,315							28,315						
3. Second quarter	27,614							27,614						
4. Third quarter	27,141							27,141						
5. Current year	26,478							26,478						
6. Current year member months	331,491							331,491						
Total Member Ambulatory Encounters for Year:														
7. Physician	152,331							152,331						
8. Non-physician	542,830							542,830						
9. Total	695,161	0	0	0	0	0	0	695,161	0	0	0	0	0	0
10. Hospital patient days incurred	28,759							28,759						
11. Number of inpatient admissions	4,633							4,633						
12. Health premiums written (b)	307,011,244							307,011,244						
13. Life premiums direct	0							0						
14. Property/casualty premiums written	0							0						
15. Health premiums earned	307,011,244							307,011,244						
16. Property/casualty premiums earned	0							0						
17. Amount paid for provision of health care services	316,537,414							316,537,414						
18. Amount incurred for provision of health care services	335,120,225							335,120,225						

(a) For health business: number of persons insured under PPO managed care products 26,478 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 307,011,244

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		(LOCATION)										
		North Carolina		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code 12902										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	1,638							1,638						
2. First quarter	2,303							2,303						
3. Second quarter	2,295							2,295						
4. Third quarter	2,298							2,298						
5. Current year	2,294							2,294						
6. Current year member months	27,607							27,607						
Total Member Ambulatory Encounters for Year:														
7. Physician	15,274							15,274						
8. Non-physician	39,276							39,276						
9. Total	54,550	0	0	0	0	0	0	54,550	0	0	0	0	0	0
10. Hospital patient days incurred	5,981							5,981						
11. Number of inpatient admissions	1,019							1,019						
12. Health premiums written (b)	30,606,651							30,606,651						
13. Life premiums direct	0							0						
14. Property/casualty premiums written	0							0						
15. Health premiums earned	30,606,651							30,606,651						
16. Property/casualty premiums earned	0							0						
17. Amount paid for provision of health care services	23,426,265							23,426,265						
18. Amount incurred for provision of health care services	26,175,330							26,175,330						

(a) For health business: number of persons insured under PPO managed care products 987 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 30,606,651

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Ohio		2025										
				(LOCATION)										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	0													
2. First quarter	605							605						
3. Second quarter	591							591						
4. Third quarter	566							566						
5. Current year	563							563						
6. Current year member months	7,027							7,027						
Total Member Ambulatory Encounters for Year:														
7. Physician	3,493							3,493						
8. Non-physician	8,797							8,797						
9. Total	12,290	0	0	0	0	0	0	12,290	0	0	0	0	0	0
10. Hospital patient days incurred	561							561						
11. Number of inpatient admissions	91							91						
12. Health premiums written (b)	7,739,978							7,739,978						
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	7,739,978							7,739,978						
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	7,671,694							7,671,694						
18. Amount incurred for provision of health care services	8,477,811							8,477,811						

(a) For health business: number of persons insured under PPO managed care products 563 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 7,739,978

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Oregon		2025										
				(LOCATION)										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	0													
2. First quarter	2,346							2,346						
3. Second quarter	2,375							2,375						
4. Third quarter	2,375							2,375						
5. Current year	2,325							2,325						
6. Current year member months	28,258							28,258						
Total Member Ambulatory Encounters for Year:														
7. Physician	9,638							9,638						
8. Non-physician	28,149							28,149						
9. Total	37,787	0	0	0	0	0	0	37,787	0	0	0	0	0	0
10. Hospital patient days incurred	1,974							1,974						
11. Number of inpatient admissions	331							331						
12. Health premiums written (b)	27,055,485							27,055,485						
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	27,055,485							27,055,485						
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	24,089,246							24,089,246						
18. Amount incurred for provision of health care services	26,065,853							26,065,853						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 27,055,485

30 OR



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Pennsylvania		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	439							439						
2. First quarter	3,784							3,784						
3. Second quarter	3,613							3,613						
4. Third quarter	3,528							3,528						
5. Current year	3,475							3,475						
6. Current year member months	43,666							43,666						
Total Member Ambulatory Encounters for Year:														
7. Physician	24,399							24,399						
8. Non-physician	67,822							67,822						
9. Total	92,221	0	0	0	0	0	0	92,221	0	0	0	0	0	0
10. Hospital patient days incurred	6,305							6,305						
11. Number of inpatient admissions	1,022							1,022						
12. Health premiums written (b)	45,908,576							45,908,576						
13. Life premiums direct	0							0						
14. Property/casualty premiums written	0							0						
15. Health premiums earned	45,908,576							45,908,576						
16. Property/casualty premiums earned	0							0						
17. Amount paid for provision of health care services	64,351,869							64,351,869						
18. Amount incurred for provision of health care services	77,081,836							77,081,836						

(a) For health business: number of persons insured under PPO managed care products 3,475 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 45,908,576



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		(LOCATION)										
		South Carolina		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code 12902										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	0													
2. First quarter	11,834							11,834						
3. Second quarter	12,217							12,217						
4. Third quarter	12,712							12,712						
5. Current year	12,793							12,793						
6. Current year member months	146,954							146,954						
Total Member Ambulatory Encounters for Year:														
7. Physician	80,709							80,709						
8. Non-physician	171,947							171,947						
9. Total	252,656	0	0	0	0	0	0	252,656	0	0	0	0	0	0
10. Hospital patient days incurred	13,137							13,137						
11. Number of inpatient admissions	2,057							2,057						
12. Health premiums written (b)	164,221,619							164,221,619						
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	164,221,619							164,221,619						
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	143,050,731							143,050,731						
18. Amount incurred for provision of health care services	152,213,274							152,213,274						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 164,221,619

30.SC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Tennessee		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	72,027							72,027						
2. First quarter	87,668							87,668						
3. Second quarter	87,738							87,738						
4. Third quarter	87,777							87,777						
5. Current year	87,328							87,328						
6. Current year member months	1,050,859							1,050,859						
Total Member Ambulatory Encounters for Year:														
7. Physician	502,779							502,779						
8. Non-physician	1,130,895							1,130,895						
9. Total	1,633,674	0	0	0	0	0	0	1,633,674	0	0	0	0	0	0
10. Hospital patient days incurred	133,179							133,179						
11. Number of inpatient admissions	23,367							23,367						
12. Health premiums written (b)	1,388,117,526							1,388,117,526						
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	1,388,117,526							1,388,117,526						
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	1,316,653,515							1,316,653,515						
18. Amount incurred for provision of health care services	1,328,939,292							1,328,939,292						

(a) For health business: number of persons insured under PPO managed care products7,529 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,388,117,526

30.TN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)													
		Texas		2025										NAIC Company Code													
		1		4		5		6		7		8		9		10		11		12		13		14			
		Comprehensive (Hospital & Medical)																									
		2		3																							
		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
		Total																									
Total Members at end of:																											
1. Prior year		159,742												159,742													
2. First quarter		220,151												220,151													
3. Second quarter		226,599												226,599													
4. Third quarter		231,323												231,323													
5. Current year		232,083												232,083													
6. Current year member months		2,706,920												2,706,920													
Total Member Ambulatory Encounters for Year:																											
7. Physician		1,003,903												1,003,903													
8. Non-physician		2,020,494												2,020,494													
9. Total		3,024,397		0		0		0		0		0		3,024,397		0		0		0		0		0			
10. Hospital patient days incurred		239,693												239,693		0											
11. Number of inpatient admissions		40,281												40,281													
12. Health premiums written (b)		3,717,352,923												3,710,286,363		6,629,096								437,464			
13. Life premiums direct		0																									
14. Property/casualty premiums written		0																									
15. Health premiums earned		3,717,452,923												3,710,286,363		6,729,096								437,464			
16. Property/casualty premiums earned		0														0											
17. Amount paid for provision of health care services		3,316,911,673												3,313,066,088		3,417,058								428,527			
18. Amount incurred for provision of health care services		3,275,223,242												3,275,212,925		(291,191)								301,508			

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 3,710,723,827

30.TX



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Utah		2025										
		(LOCATION)		NAIC Company Code										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	0													
2. First quarter	3,114							3,114						
3. Second quarter	3,110							3,110						
4. Third quarter	3,098							3,098						
5. Current year	3,033							3,033						
6. Current year member months	37,446							37,446						
Total Member Ambulatory Encounters for Year:														
7. Physician	16,918							16,918						
8. Non-physician	47,635							47,635						
9. Total	64,553	0	0	0	0	0	0	64,553	0	0	0	0	0	0
10. Hospital patient days incurred	2,049							2,049						
11. Number of inpatient admissions	403							403						
12. Health premiums written (b)	36,768,210							36,768,210						
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	36,768,210							36,768,210						
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	34,733,458							34,733,458						
18. Amount incurred for provision of health care services	36,975,258							36,975,258						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 36,768,210

30. UT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Vermont		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	3,407							3,407						
2. First quarter	925							925						
3. Second quarter	930							930						
4. Third quarter	941							941						
5. Current year	945							945						
6. Current year member months	11,205							11,205						
Total Member Ambulatory Encounters for Year:														
7. Physician	6,729							6,729						
8. Non-physician	20,785							20,785						
9. Total	27,514	0	0	0	0	0	0	27,514	0	0	0	0	0	0
10. Hospital patient days incurred	4,441							4,441						
11. Number of inpatient admissions	775							775						
12. Health premiums written (b)	13,619,645							13,619,645						
13. Life premiums direct	0							0						
14. Property/casualty premiums written	0							0						
15. Health premiums earned	13,619,645							13,619,645						
16. Property/casualty premiums earned	0							0						
17. Amount paid for provision of health care services	8,436,497							8,436,497						
18. Amount incurred for provision of health care services	10,172,319							10,172,319						

(a) For health business: number of persons insured under PPO managed care products 945 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 13,619,645

30.VT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Virginia		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	3,555							3,555						
2. First quarter	3,206							3,206						
3. Second quarter	3,220							3,220						
4. Third quarter	3,309							3,309						
5. Current year	3,324							3,324						
6. Current year member months	39,037							39,037						
Total Member Ambulatory Encounters for Year:														
7. Physician	23,588							23,588						
8. Non-physician	72,538							72,538						
9. Total	96,126	0	0	0	0	0	0	96,126	0	0	0	0	0	0
10. Hospital patient days incurred	15,197							15,197						
11. Number of inpatient admissions	2,645							2,645						
12. Health premiums written (b)	47,642,345							47,642,345						
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	47,642,345							47,642,345						
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	34,560,436							34,560,436						
18. Amount incurred for provision of health care services	40,592,004							40,592,004						

(a) For health business: number of persons insured under PPO managed care products 3,324 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 47,642,345

30 VA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		(LOCATION)										
		Washington		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code 12902										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	0													
2. First quarter	230							230						
3. Second quarter	226							226						
4. Third quarter	241							241						
5. Current year	260							260						
6. Current year member months	2,844							2,844						
Total Member Ambulatory Encounters for Year:														
7. Physician	1,078							1,078						
8. Non-physician	3,148							3,148						
9. Total	4,226	0	0	0	0	0	0	4,226	0	0	0	0	0	0
10. Hospital patient days incurred	221							221						
11. Number of inpatient admissions	37							37						
12. Health premiums written (b)	2,910,175							2,910,175						
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	2,910,175							2,910,175						
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	2,693,851							2,693,851						
18. Amount incurred for provision of health care services	2,914,891							2,914,891						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,910,175

30.WA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Chicago, IL

NAIC Group Code	0917	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Wisconsin		2025										NAIC Company Code	
		12902		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior year	20							20							
2. First quarter	0														
3. Second quarter	0														
4. Third quarter	0														
5. Current year	0														
6. Current year member months	0														
Total Member Ambulatory Encounters for Year:															
7. Physician	0														
8. Non-physician	0														
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0														
11. Number of inpatient admissions	0														
12. Health premiums written (b)	0														
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	0														
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	0														
18. Amount incurred for provision of health care services	0														

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

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

30.W1

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsur- ance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999	Total General Account - authorized U.S. affiliates						0	0	0	0	0	0	0
0699999	Total General Account - authorized non-U.S. affiliates						0	0	0	0	0	0	0
0799999	Total General Account - authorized affiliates						0	0	0	0	0	0	0
1099999	Total General Account - authorized non-affiliates						0	0	0	0	0	0	0
1199999	Total General Account authorized						0	0	0	0	0	0	0
1499999	Total General Account - unauthorized U.S. affiliates						0	0	0	0	0	0	0
1799999	Total General Account - unauthorized non-U.S. affiliates						0	0	0	0	0	0	0
1899999	Total General Account - unauthorized affiliates						0	0	0	0	0	0	0
... 14421	...27-1595679	01/01/2022	EyelMed Insurance Company	AZ	... Co insurance - Individual	... MR	20,301,806						
1999999	General Account - unauthorized U.S. non-affiliates						20,301,806	0	0	0	0	0	0
2199999	Total General Account - unauthorized non-affiliates						20,301,806	0	0	0	0	0	0
2299999	Total General Account unauthorized						20,301,806	0	0	0	0	0	0
2599999	Total General Account - certified U.S. affiliates						0	0	0	0	0	0	0
2899999	Total General Account - certified non-U.S. affiliates						0	0	0	0	0	0	0
2999999	Total General Account - certified affiliates						0	0	0	0	0	0	0
3299999	Total General Account - certified non-affiliates						0	0	0	0	0	0	0
3399999	Total General Account certified						0	0	0	0	0	0	0
3699999	Total General Account - reciprocal jurisdiction U.S. affiliates						0	0	0	0	0	0	0
3999999	Total General Account - reciprocal jurisdiction non-U.S. affiliates						0	0	0	0	0	0	0
4099999	Total General Account - reciprocal jurisdiction affiliates						0	0	0	0	0	0	0
4399999	Total General Account - reciprocal jurisdiction non-affiliates						0	0	0	0	0	0	0
4499999	Total General Account reciprocal jurisdiction						0	0	0	0	0	0	0
4599999	Total General Account authorized, unauthorized, reciprocal jurisdiction and certified						20,301,806	0	0	0	0	0	0
4899999	Total Separate Accounts - authorized U.S. affiliates						0	0	0	0	0	0	0
5199999	Total Separate Accounts - authorized non-U.S. affiliates						0	0	0	0	0	0	0
5299999	Total Separate Accounts - authorized affiliates						0	0	0	0	0	0	0
5599999	Total Separate Accounts - authorized non-affiliates						0	0	0	0	0	0	0
5699999	Total Separate Accounts authorized						0	0	0	0	0	0	0
5999999	Total Separate Accounts - unauthorized U.S. affiliates						0	0	0	0	0	0	0
6299999	Total Separate Accounts - unauthorized non-U.S. affiliates						0	0	0	0	0	0	0
6399999	Total Separate Accounts - unauthorized affiliates						0	0	0	0	0	0	0
6699999	Total Separate Accounts - unauthorized non-affiliates						0	0	0	0	0	0	0
6799999	Total Separate Accounts unauthorized						0	0	0	0	0	0	0
7099999	Total Separate Accounts - certified U.S. affiliates						0	0	0	0	0	0	0
7399999	Total Separate Accounts - certified non-U.S. affiliates						0	0	0	0	0	0	0
7499999	Total Separate Accounts - certified affiliates						0	0	0	0	0	0	0
7799999	Total Separate Accounts - certified non-affiliates						0	0	0	0	0	0	0
7899999	Total Separate Accounts certified						0	0	0	0	0	0	0
8199999	Total Separate Accounts - reciprocal jurisdiction U.S. affiliates						0	0	0	0	0	0	0
8499999	Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates						0	0	0	0	0	0	0
8599999	Total Separate Accounts - reciprocal jurisdiction affiliates						0	0	0	0	0	0	0
8899999	Total Separate Accounts - reciprocal jurisdiction non-affiliates						0	0	0	0	0	0	0
8999999	Total Separate Accounts reciprocal jurisdiction						0	0	0	0	0	0	0
9099999	Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified						0	0	0	0	0	0	0
9199999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						20,301,806	0	0	0	0	0	0
9299999	Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						0	0	0	0	0	0	0
9999999	- Totals						20,301,806	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

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

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	
2. Title XVIII - Medicare	20,302	9,803	11,427	8,412	
3. Title XIX - Medicaid	0	0	0	0	
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	
8. Reinsurance recoverable on paid losses	0	0	0	0	
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	
14. Letters of credit (L)	0	0	0	0	
15. Trust agreements (T)	0	0	0	0	
16. Other (O)	0	0	0	0	
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust				0	
18. Funds deposited by and withheld from (F)				0	
19. Letters of credit (L)				0	
20. Trust agreements (T)				0	
21. Other (O)				0	

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,123,264,255		1,123,264,255
2. Accident and health premiums due and unpaid (Line 15)	73,560,668		73,560,668
3. Amounts recoverable from reinsurers (Line 16.1)	0		0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	1,063,034,539		1,063,034,539
6. Total assets (Line 28)	2,259,859,462	0	2,259,859,462
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	718,667,071		718,667,071
8. Accrued medical incentive pool and bonus payments (Line 2)	47,409,375		47,409,375
9. Premiums received in advance (Line 8)	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	682,958,765		682,958,765
15. Total liabilities (Line 24)	1,449,035,211	0	1,449,035,211
16. Total capital and surplus (Line 33)	810,824,251	XXX	810,824,251
17. Total liabilities, capital and surplus (Line 34)	2,259,859,462	0	2,259,859,462
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

**SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0917	HCSC GROUP	70670	36-1236610		0000350793		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	IL	UIP		Ownership, Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
. 0917	HCSC GROUP	71129	36-2598882	003857522			DEARBORN LIFE INSURANCE COMPANY	IL	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
. 0917	HCSC GROUP	85090	22-3026145				DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	NY	IA	DEARBORN LIFE INSURANCE COMPANY	Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	36-3339483				DENTAL NETWORK OF AMERICA, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	36-3339483				DENTAL NETWORK OF AMERICA, LLC	DE	NIA	DEARBORN LIFE INSURANCE COMPANY	Board of Directors, Management	0.000	MUTUAL LEGAL RESERVE COMPANY	NO	0000001
		00000	38-2612298				DENTEMAX, LLC	DE	NIA	DENTAL NETWORK OF AMERICA, LLC	Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-1067299				DENTAL SOLUTIONS, INC.	MI	NIA	DENTEMAX, LLC	Ownership, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	0000002
		00000	36-4186601				HCSC PURCHASING, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
. 0917	HCSC GROUP	78611	73-1350270				HCSC INSURANCE SERVICES COMPANY	IL	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	38-4358504				PRIME HEALTH HOLDINGS LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	39.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	59-3715944				AVAILITY, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	21.400	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	81-2760646				CAREALLIES, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	85-0954556				CAREALLIES ACCOUNTABLE CARE COLLABORATIVE, LLC	DE	NIA	CAREALLIES, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	87-1813801				CAREALLIES ACCOUNTABLE CARE SOLUTIONS, LLC	DE	NIA	CAREALLIES, INC.	Ownership	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	88-4112374				CAPITAL GROUP FOR BETTER HEALTH, LLC	DE	NIA	CAREALLIES, INC.	Ownership	51.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	46-3985383				COLLECTIVEHEALTH, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	12.400	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
. 0917	HCSC GROUP	29718	73-1507369				GHS INSURANCE COMPANY	OK	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	73-1514691				GHS GENERAL INSURANCE AGENCY, INC.	OK	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
. 0917	HCSC GROUP	11814	73-1191843				GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUELINGS HMO	OK	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	23-2530889		0001367705		MEDECISION, INC.	PA	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	88-4252820				EXCELL HEALTHCARE ADVISORS, LLC	DE	NIA	MEDECISION, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	80-0849331				GSI HEALTH, LLC	PA	NIA	MEDECISION, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	27-4269034		0001508432		HEALTH INTELLIGENCE COMPANY LLC D/B/A BLUE HEALTH INTELLIGENCE	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	10.600	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	30-0802612				INNOVISTA, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	83-3093990				ESSENTIAL HEALTH PARTNERS, LLC	IL	NIA	INNOVISTA, LLC	Ownership, Board of Directors	40.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	99-4379181				INNOVISTA HEALTH PARTNERS, LLC	TX	NIA	INNOVISTA, LLC	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
		00000	83-4213500				INNOVISTA MEDICAL CENTER TEXAS, LLC D/B/A INNOVISTA MEDICAL CENTER	TX	NIA	INNOVISTA, LLC	Ownership, Board of Directors	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	47-5298764				SOLERA HEALTH, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	28.500	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	86-0813402				TRIWEST ALLIANCE, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	15.500	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	37-1789176				HCSC VENTURES, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	83-2215567				ALACURA HOLDINGS, INC.	DE	NIA	HCSC VENTURES, INC.	Ownership, Board of Directors	23.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000007
		00000	26-2930757		0001439779		BLUECROSS BLUESHIELD VENTURES, INC.	DE	NIA	HCSC VENTURES, INC.	Ownership, Board of Directors	21.600	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	26-2936839		0001439778		BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.	DE	NIA	BLUECROSS BLUESHIELD VENTURES, INC.	Ownership, Management	1.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
		00000	26-2936839		0001439778		BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.	DE	NIA	HCSC VENTURES, INC.	Ownership, Board of Directors	21.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
		00000	47-1692551				COGITATIVO, INC	DE	NIA	HCSC VENTURES, INC.	Ownership, Board of Directors	14.700	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	47-0970280		0001612123		HEALTHBOX CHICAGO III LLC	DE	NIA	HCSC VENTURES, INC.	Ownership	36.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	87-4386908				HCSC INVESTMENTS, LLC	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	16013	61-1782332				ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	IL	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	16359	38-3984430				505 INSURANCE COMPANY	NM	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	15941	36-4836697				TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	TX	IA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	84-2710924				SOUTH WATER INSURANCE COMPANY	UT	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	0000004
		00000	35-1846036				LUMINARE HEALTH BENEFITS, INC.	DE	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	99-1184798				HCSC MEDICARE HOLDINGS INC.	DE	UIP	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	99-1194574				HCSC MEDICARE INC.	DE	UIP	HCSC MEDICARE HOLDINGS INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	34-1970892				CERES SALES OF OHIO, LLC	OH	NIA	HCSC MEDICARE INC.	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	95604	84-1004500				HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIGNA HEALTHCARE OF COLORADO, INC.)	CO	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	61727	34-0970995				HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE COMPANY)	OH	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	67903	23-1335885				PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	OH	IA	CIGNA NATIONAL HEALTH INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	65269	75-2305400				HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANCE COMPANY)	OH	IA	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-1821898				HEALTHSPRING, INC.	DE	UIP	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0628370				NEWQUEST, LLC	TX	UDP	HEALTHSPRING, INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	12902	20-8534298				HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	IL	RE	NEWQUEST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	20-8647386				HEALTHSPRING MANAGEMENT OF AMERICA, LLC	DE	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	11532	65-1129599				HEALTHSPRING OF FLORIDA, INC.	FL	IA	NEWQUEST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	72-1559530				HEALTHSPRING USA, LLC	TN	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	75-3108521				HOUQUEST, LLC	DE	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0657035				GULFQUEST, LP	TX	NIA	HOUQUEST, LLC	Ownership, Management	99.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
		00000	52-1929677				NEWQUEST MANAGEMENT NORTHEAST, LLC	DE	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	11524	52-2363406				BRAVO HEALTH PENNSYLVANIA, INC.	PA	IA	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	10095	52-2259087				BRAVO HEALTH MID-ATLANTIC, INC.	MD	IA	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	33-1033586				NEWQUEST MANAGEMENT ALABAMA, LLC	AL	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-4954206				NEWQUEST MANAGEMENT OF FLORIDA, LLC	FL	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	77-0632665				NEWQUEST MANAGEMENT OF ILLINOIS, LLC	IL	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-5524622				TENNESSEE QUEST, LLC	TN	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	75-3108527				TEXQUEST, LLC	DE	NIA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0657035				GULFQUEST, LP	TX	NIA	TEXQUEST, LLC	Ownership, Management	1.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
.0917	HCSC GROUP	65722	63-0343428				LOYAL AMERICAN LIFE INSURANCE COMPANY	OH	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	88366	59-2760189				AMERICAN RETIREMENT LIFE INSURANCE COMPANY	OH	IA	LOYAL AMERICAN LIFE INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	34720	13-3506395				MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK	NY	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	63762	42-1425239				MEDCO CONTAINMENT LIFE INSURANCE COMPANY	PA	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	77399	13-1867829				STERLING LIFE INSURANCE COMPANY	IL	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	84-4777602				CIVICASRIPT, LLC	DE	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000008
		00000	75-2393811				CARING FOR CHILDREN FOUNDATION OF TEXAS, INC.	TX	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000004
		00000	41-3110584				HCSC COMMUNITY IMPACT FOUNDATION	DE	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000004
		00000	35-2613131				THE CARING FOUNDATION OF MONTANA, INC.	MT	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000004
		00000	73-1470846				THE OKLAHOMA CARING FOUNDATION, INC.	OK	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000005
		00000	36-6057472				PLANITES CREDIT UNION	IL	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000006
		00000	75-6020171				LIFETIME FEDERAL CREDIT UNION	TX	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000006

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

Asterisk	Explanation
000001	Except in this case, Column 11 includes only those entities with an ownership interest in a corresponding downstream subsidiary (DS) listed in Column 8
000002	Ownership (shell company)
000003	Reflect direct ownership percentages only
000004	Majority of the directors are employees or directors of HCSC
000005	6 of 10 directors are employees of HCSC, all officers are HCSC employees, and HCSC provides support and staffing
000006	All members and directors are current or former HCSC and affiliate employees and their families, and HCSC provides support
000007	Includes 2.78% passive investment through private equity funds.
000008	HCSC controls 1 of 10 board seats

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
70670	36-1236610	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RE	1,047,363,521	(1,833,102,608)	0	0	0	0		0	(785,739,087)	1,820,480
78611	73-1350270	HCSC INSURANCE SERVICES COMPANY	0	21,015,000	0	0	0	0		0	21,015,000	3,868,954
11814	73-1191843	GHS HMO INC DBA BLUELINGS HMO	0	0	0	0	0	0		0	0	37,586,744
29718	73-1507369	GHS INS CO	0	9,760,000	0	0	0	0		0	9,760,000	0
16013	61-1782332	ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	0	12,415,000	0	0	0	0		0	12,415,000	0
71129	36-2598882	DEARBORN LIFE INSURANCE COMPANY	(916,075,164)	(500,000)	0	0	0	0		0	(916,575,164)	0
85090	22-3026145	DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YO	0	500,000	0	0	0	0		0	500,000	0
00000	37-1789176	HCSC VENTURES, INC.	(20,233,609)	162,479,846	0	0	0	0		0	142,246,237	0
00000	35-1846036	LUMINARE HEALTH BENEFITS, INC.	0	38,886,513	0	0	0	0		0	38,886,513	0
00000	84-2710924	SOUTH WATER INSURANCE COMPANY	0	0	0	0	0	0		0	0	(43,276,178)
00000	23-2530889	MEDECISION, INC.	0	25,850,870	0	0	0	0		0	25,850,870	0
00000	87-4386908	HCSC INVESTMENTS, LLC	(111,054,748)	61,700,000	0	0	0	0		0	(49,354,748)	0
00000	30-0802612	INNOVISTA, LLC	0	29,995,379	0	0	0	0		0	29,995,379	0
00000	99-1184798	HCSC MEDICARE HOLDINGS INC.	23,000,000	0	0	0	0	0		0	23,000,000	0
00000	99-1194574	HCSC MEDICARE INC.	0	0	0	0	0	0		0	0	0
61727	34-0970995	HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FK	0	167,000,000	0	0	0	0		0	167,000,000	0
67903	23-1335885	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	0	0	0	0	0	0		0	0	0
65269	75-2305400	HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANC	0	50,000,000	0	0	0	0		0	50,000,000	0
65722	63-0343428	LOYAL AMERICAN LIFE INSURANCE COMPANY	(20,000,000)	0	0	0	0	0		0	(20,000,000)	0
77399	13-1867829	STERLING LIFE INSURANCE COMPANY	(3,000,000)	0	0	0	0	0		0	(3,000,000)	0
00000	76-0657035	GULFQUEST, LP	0	0	0	0	449,547,893	0		0	449,547,893	0
12902	20-8534298	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	0	804,000,000	0	0	(689,955,231)	0		0	114,044,769	0
00000	33-1033586	NEWQUEST MANAGEMENT ALABAMA, LLC	0	0	0	0	240,407,338	0		0	240,407,338	0
95604	84-1004500	HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIG	0	100,000,000	0	0	0	0		0	100,000,000	0
00000	76-0628370	NEWQUEST, LLC	0	0	0	0	0	0		0	0	0
11532	65-1129599	HEALTHSPRING OF FLORIDA, INC.	0	120,000,000	0	0	0	0		0	120,000,000	0
00000	52-1929677	NEWQUEST MANAGEMENT NORTHEAST, LLC	0	0	0	0	0	0		0	0	0
11524	52-2363406	BRAVO HEALTH PENNSYLVANIA, INC.	0	230,000,000	0	0	0	0		0	230,000,000	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

HCSC MEDICARE INC., PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY, NEWQUEST, LLC AND NEWQUEST MANAGEMENT NORTHEAST, LLC received contributions which were fully paid to their subsidiaries as reported herein resulting in net activity of zero.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NONE	0.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
DEARBORN LIFE INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	DEARBORN LIFE INSURANCE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HCSC INSURANCE SERVICES COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
GHS INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUEINCS HMO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
505 INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIGNA HEALTHCARE OF COLORADO, INC.)	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE COMPANY)	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE COMPANY)	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANCE COMPANY)	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	NEWQUEST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING OF FLORIDA, INC.	NEWQUEST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
BRAVO HEALTH PENNSYLVANIA, INC.	NEWQUEST MANAGEMENT NORTHEAST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
BRAVO HEALTH MID-ATLANTIC, INC.	NEWQUEST MANAGEMENT NORTHEAST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
LOYAL AMERICAN LIFE INSURANCE COMPANY	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
AMERICAN RETIREMENT LIFE INSURANCE COMPANY	LOYAL AMERICAN LIFE INSURANCE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
MEDCO CONTAINMENT LIFE INSURANCE COMPANY	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
STERLING LIFE INSURANCE COMPANY	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

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

SUPPLEMENTAL FILINGS

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

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	NO
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
10. Not applicable	
11. Business not written	
12. Not applicable	
13. Business not written	
14. Business not written	
16. Not applicable	
17. Not applicable	
18. Not applicable	
19. Not applicable	
20. Not applicable	

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	
19. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year [Document Identifier 600]	
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	



SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0917

(To Be Filed by March 1)

NAIC Company Code 12902

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With reinsurance coverage		XXX		XXX	0
1.12 Without reinsurance coverage		XXX		XXX	0
1.13 Risk-corridor payment adjustments		XXX		XXX	0
1.2 Supplemental benefits		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With reinsurance coverage		XXX		XXX	XXX
2.12 Without reinsurance coverage		XXX		XXX	XXX
2.2 Supplemental benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With reinsurance coverage		XXX		XXX	XXX
3.12 Without reinsurance coverage		XXX		XXX	XXX
3.2 Supplemental benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With reinsurance coverage	0	XXX	0	XXX	XXX
5.12 Without reinsurance coverage	0	XXX	0	XXX	XXX
5.13 Risk-corridor payment adjustments	0	XXX	0	XXX	XXX
5.2 Supplemental benefits	0	XXX	0	XXX	XXX
6. Total premiums	0	XXX	0	XXX	0
7. Claims Paid					
7.1 Standard Coverage					
7.11 With reinsurance coverage		XXX		XXX	0
7.12 Without reinsurance coverage	(127,021)	XXX		XXX	(127,021)
7.2 Supplemental benefits		XXX		XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With reinsurance coverage		XXX		XXX	XXX
8.12 Without reinsurance coverage	127,021	XXX		XXX	XXX
8.2 Supplemental benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With reinsurance coverage		XXX		XXX	XXX
9.12 Without reinsurance coverage		XXX		XXX	XXX
9.2 Supplemental benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With reinsurance coverage	0	XXX	0	XXX	XXX
10.12 Without reinsurance coverage	0	XXX	0	XXX	XXX
10.2 Supplemental benefits	0	XXX	0	XXX	XXX
11. Total claims	0	XXX	0	XXX	(127,021)
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims paid - net of reimbursements applied	XXX		XXX		0
12.2 Reimbursements received but not applied-change	XXX		XXX		0
12.3 Reimbursements receivable-change	XXX		XXX		XXX
12.4 Health care receivables-change	XXX		XXX		XXX
13. Aggregate policy reserves-change					XXX
14. Expenses paid	(2,448)	XXX		XXX	(2,448)
15. Expenses incurred		XXX		XXX	XXX
16. Underwriting gain/loss	0	XXX	0	XXX	XXX
17. Cash flow result	XXX	XXX	XXX	XXX	129,469