



HEALTH ANNUAL STATEMENT

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

SilverScript Insurance Company

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

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No []

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

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

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

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

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

Internet Website Address www.silverscript.com

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

OFFICERS

President Brian Cowles Ough # Controller Xiaoqi Wang
Vice President and Secretary Edward Chung-I Lee

OTHER

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

DIRECTORS OR TRUSTEES

Edward Chung-I Lee Barbara Noel Hennessey Brian Cowles Ough #

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

Brian Cowles Ough
President

Edward Chung-I Lee
Vice President and Secretary

Xiaoqi Wang
Controller

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

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

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

Subscribed and sworn to before me this
10 day of February, 2026

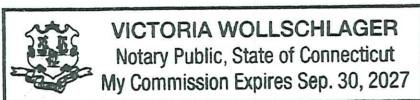
Subscribed and sworn to before me this
____ day of _____, 2026

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

Notary Public (Seal)

Notary Public (Seal)

Notary Public (Seal)



- a. Is this an original filing? Yes [X] No []
- b. If no,
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Vice President and Secretary

Xiaoqi Wang
Controller

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

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

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

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

Subscribed and sworn to before me this
3rd day of February, 2026

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

Notary Public (Seal)

Notary Public (Seal)

Notary Public (Seal)



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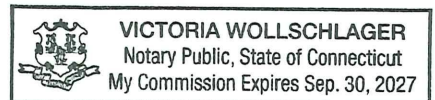
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EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

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.....	848,066	1,021,319	620,027	17,666,095	17,755,405	2,400,103
Group Subscribers:						
Group Subscribers.....	133,208	14,328,110	422,386	5,236	94,454	14,794,485
0299997. Group subscriber subtotal	133,208	14,328,110	422,386	5,236	94,454	14,794,485
0299998. Premiums due and unpaid not individually listed	0	0	0	0	0	0
0299999. Total group	133,208	14,328,110	422,386	5,236	94,454	14,794,485
0399999. Premiums due and unpaid from Medicare entities	24,014,600	0	0	0	0	24,014,600
0499999. Premiums due and unpaid from Medicaid entities	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	24,995,874	15,349,429	1,042,413	17,671,331	17,849,859	41,209,188

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebates- Part D Services, LLC	123,631,801					123,631,801
Pharmaceutical Rebates- Aetna Health Management, LLC	21,853,833					21,853,833
0199998. Aggregate pharmaceutical rebate receivables not individually listed						
0199999. Total pharmaceutical rebate receivables	145,485,634	0	0	0	0	145,485,634
0299998. Aggregate claim overpayment receivables not individually listed						
0299999. Total claim overpayment receivables	0	0	0	0	0	0
0399998. Aggregate loans and advances to providers not individually listed				48	48	
0399999. Total loans and advances to providers	0	0	0	48	48	0
0499998. Aggregate capitation arrangement receivables not individually listed						
0499999. Total capitation arrangement receivables	0	0	0	0	0	0
0599998. Aggregate risk sharing receivables not individually listed						
0599999. Total risk sharing receivables	0	0	0	0	0	0
Medicare Prescription Payment Plan	843,991	520,673	385,367	2,197,432	2,383,853	1,563,610
0699998. Aggregate other health care receivables not individually listed				20,540,869	20,540,869	0
0699999. Total other health care receivables	843,991	520,673	385,367	22,738,301	22,924,722	1,563,610
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0799999 Gross health care receivables	146,329,625	520,673	385,367	22,738,349	22,924,770	147,049,244

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	211,400,879	3,744,487,780	0	145,485,634	211,400,879	191,428,353
2. Claim overpayment receivables				0	0	0
3. Loans and advances to providers				48	0	0
4. Capitation arrangement receivables				0	0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....	9,319,056	14,758,610	12,692,260	11,796,072	22,011,316	32,546,732
7. Totals (Lines 1 through 6)	220,719,935	3,759,246,390	12,692,260	157,281,754	233,412,195	223,975,085

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	407,907	29,070	5,479	1,085	20,610	464,151
0399999. Aggregate accounts not individually listed-covered	120,340,731	321,878	60,668	12,016	228,202	120,963,495
0499999. Subtotals	120,748,638	350,948	66,147	13,101	248,812	121,427,646
0599999. Unreported claims and other claim reserves						154,690,032
0699999. Total amounts withheld						
0799999. Total claims unpaid						276,117,678
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0899999 Accrued medical incentive pool and bonus amounts						56,039,176

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Aetna Health Management, LLC		64,501,435	64,501,435	
CVS Caremark Part D Services, L.L.C.		273,571,677	273,571,677	
0199999. Individually listed payables		338,073,112	338,073,112	0
0299999. Payables not individually listed		0		
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0399999 Total gross payables		338,073,112	338,073,112	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	33,670,908	0.3	137,374	5.0	0	33,670,908
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	33,670,908	0.3	137,374	5.0	0	33,670,908
Other Payments:						
5. Fee-for-service	121,795,839	1.2	XXX	XXX	0	121,795,839
6. Contractual fee payments	9,636,374,260	97.6	XXX	XXX	8,299,072,870	1,337,301,390
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		0
8. Bonus/withhold arrangements - contractual fee payments	79,612,442	0.8	XXX	XXX	46,570,102	33,042,340
9. Non-contingent salaries	0	0.0	XXX	XXX		0
10. Aggregate cost arrangements	0	0.0	XXX	XXX		0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	9,837,782,541	99.7	XXX	XXX	8,345,642,972	1,492,139,569
13. TOTAL (Line 4 plus Line 12)	9,871,453,449	100%	XXX	XXX	8,345,642,972	1,525,810,477

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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 SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Alabama		2025										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
Comprehensive (Hospital & Medical)															
2		3													
Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior year	32,969			0				10					32,959		
2. First quarter	24,694			0				3					24,691		
3. Second quarter	24,044			0				10					24,034		
4. Third quarter	23,596			0				9					23,587		
5. Current year	23,226			0				7					23,219		
6. Current year member months	289,468			0				83					289,385		
Total Member Ambulatory Encounters for Year:															
7. Physician	408							408							
8. Non-physician	503							503							
9. Total	911	0	0	0	0	0	0	911	0	0	0	0	0	0	
10. Hospital patient days incurred	20							20							
11. Number of inpatient admissions	2							2							
12. Health premiums written (b)	81,477,038			0				80,229					81,396,809		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	77,806,964			0				80,229					77,726,735		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	66,064,322			0				147,252					65,917,070		
18. Amount incurred for provision of health care services	67,086,345			0				147,252					66,939,093		

(a) For health business: number of persons insured under PPO managed care products7 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 \$ 81,477,038

30.A1



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REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Alaska		2025										NAIC Company Code	
		12575		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
	Total	Individual	Group												
Total Members at end of:															
1. Prior year	4,552			0				0					4,552		
2. First quarter	3,530			0				0					3,530		
3. Second quarter	3,416			0				0					3,416		
4. Third quarter	3,360			0				0					3,360		
5. Current year	3,301			0				0					3,301		
6. Current year member months	41,111			0				0					41,111		
Total Member Ambulatory Encounters for Year:															
7. Physician	0							0							
8. Non-physician	0							0							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	10,989,245			0				0					10,989,245		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	10,438,142			0				0					10,438,142		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	8,715,425			0				0					8,715,425		
18. Amount incurred for provision of health care services	8,815,380			0				0					8,815,380		

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 10,989,245

30 AK



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2. Franklin, TN

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		Arizona		2025										NAIC Company Code	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
2	3	Medicare Supplement	Vision Only												Dental Only
		Total	Individual	Group											
Total Members at end of:															
1.	Prior year	60,995			2					5				60,988	
2.	First quarter	39,362			2					0				39,360	
3.	Second quarter	38,571			2					0				38,569	
4.	Third quarter	38,088			2					0				38,086	
5.	Current year	37,624			1					0				37,623	
6.	Current year member months	464,878			21					0				464,857	
Total Member Ambulatory Encounters for Year:															
7.	Physician	0								0					
8.	Non-physician	0								0					
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	
10.	Hospital patient days incurred	0								0					
11.	Number of inpatient admissions	0								0					
12.	Health premiums written (b)	94,805,883			3,895					0				94,801,988	
13.	Life premiums direct	0													
14.	Property/casualty premiums written	0													
15.	Health premiums earned	96,205,279			3,881					0				96,201,398	
16.	Property/casualty premiums earned	0													
17.	Amount paid for provision of health care services	79,767,065			1,609					0				79,765,456	
18.	Amount incurred for provision of health care services	80,857,590			1,609					0				80,855,981	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$94,801,988

30.AZ



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Arkansas		2025										NAIC Company Code	
		12575		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	65,978			0				1					65,977		
2. First quarter	45,659			0				1					45,658		
3. Second quarter	43,891			0				1					43,890		
4. Third quarter	41,950			0				1					41,949		
5. Current year	41,222			0				0					41,222		
6. Current year member months	519,234			0				11					519,223		
Total Member Ambulatory Encounters for Year:															
7. Physician	11							11							
8. Non-physician	8							8							
9. Total	19	0	0	0	0	0	0	19	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	92,547,960			0				12,392					92,535,568		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	106,329,407			0				12,392					106,317,015		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	100,549,812			0				14,605					100,535,207		
18. Amount incurred for provision of health care services	102,308,162			0				14,605					102,293,557		

(a) For health business: number of persons insured under PPO managed care products0 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 \$92,547,960

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		California		2025										NAIC Company Code	
		12575		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	300,700			1				4					300,695		
2. First quarter	235,553			1				5					235,547		
3. Second quarter	231,186			1				3					231,182		
4. Third quarter	227,741			1				1					227,739		
5. Current year	224,487			1				3					224,483		
6. Current year member months	2,778,545			12				27					2,778,506		
Total Member Ambulatory Encounters for Year:															
7. Physician	0							0							
8. Non-physician	0							0							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	962,639,540			1,775				27,828					962,609,937		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	1,043,239,435			1,768				27,828					1,043,209,839		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	979,262,087			5,356				59,377					979,197,354		
18. Amount incurred for provision of health care services	990,669,204			5,356				59,377					990,604,471		

(a) For health business: number of persons insured under PPO managed care products3 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 \$ 962,637,765

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Colorado		DURING THE YEAR 2025										(LOCATION)		
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	NAIC Company Code	12575
		2 Individual	3 Group													
Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																
1.	Prior year	29,300		0				4						29,296		
2.	First quarter	23,785		0				0						23,785		
3.	Second quarter	23,337		0				0						23,337		
4.	Third quarter	23,079		0				0						23,079		
5.	Current year	22,780		0				0						22,780		
6.	Current year member months	281,042		0				0						281,042		
Total Member Ambulatory Encounters for Year:																
7.	Physician	0						0								
8.	Non-physician	0						0								
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0		
10.	Hospital patient days incurred	0						0								
11.	Number of inpatient admissions	0						0								
12.	Health premiums written (b)	76,237,007		0				0					76,237,007			
13.	Life premiums direct	0														
14.	Property/casualty premiums written	0														
15.	Health premiums earned	72,826,865		0				0					72,826,865			
16.	Property/casualty premiums earned	0														
17.	Amount paid for provision of health care services	60,943,715		0				0					60,943,715			
18.	Amount incurred for provision of health care services	61,726,042		0				0					61,726,042			

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 76,237,007

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Connecticut		2025										NAIC Company Code	
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
2 Individual	3 Group	12575													
		Total	Individual	Group											
Total Members at end of:															
1.	Prior year	26,609			0				0					26,609	
2.	First quarter	26,909			0				0					26,909	
3.	Second quarter	27,146			0				0					27,146	
4.	Third quarter	27,349			0				0					27,349	
5.	Current year	27,635			0				0					27,635	
6.	Current year member months	327,728			0				0					327,728	
Total Member Ambulatory Encounters for Year:															
7.	Physician	0							0						
8.	Non-physician	0							0						
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	
10.	Hospital patient days incurred	0							0						
11.	Number of inpatient admissions	0							0						
12.	Health premiums written (b)	114,468,111			0				0					114,468,111	
13.	Life premiums direct	0													
14.	Property/casualty premiums written	0													
15.	Health premiums earned	109,938,450			0				0					109,938,450	
16.	Property/casualty premiums earned	0													
17.	Amount paid for provision of health care services	96,329,390			0				0					96,329,390	
18.	Amount incurred for provision of health care services	97,213,738			0				0					97,213,738	

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 114,468,111

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Delaware		2025										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
		Comprehensive (Hospital & Medical)		Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total		2	3												
		Individual	Group												
Total Members at end of:															
1.	Prior year	14,889		0				0					14,889		
2.	First quarter	11,711		0				0					11,711		
3.	Second quarter	11,472		0				0					11,472		
4.	Third quarter	11,398		0				0					11,398		
5.	Current year	11,356		0				0					11,356		
6.	Current year member months	138,207		0				0					138,207		
Total Member Ambulatory Encounters for Year:															
7.	Physician	0						0							
8.	Non-physician	0						0							
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	
10.	Hospital patient days incurred	0						0							
11.	Number of inpatient admissions	0						0							
12.	Health premiums written (b)	38,436,991		0				0					38,436,991		
13.	Life premiums direct	0						0							
14.	Property/casualty premiums written	0						0							
15.	Health premiums earned	37,432,935		0				0					37,432,935		
16.	Property/casualty premiums earned	0						0							
17.	Amount paid for provision of health care services	31,616,784		0				0					31,616,784		
18.	Amount incurred for provision of health care services	32,031,136		0				0					32,031,136		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$38,436,991

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)			
		District of Columbia		2025										NAIC Company Code			
		12575		Comprehensive (Hospital & Medical)		2	3	4	5	6	7	8	9	10	11	12	13
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health				
Total Members at end of:																	
1. Prior year	6,660			0												6,660	
2. First quarter	6,522			0												6,522	
3. Second quarter	6,056			0												6,056	
4. Third quarter	5,941			0												5,941	
5. Current year	5,883			0												5,883	
6. Current year member months	73,574			0												73,574	
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	0	0
10. Hospital patient days incurred	0																
11. Number of inpatient admissions	0																
12. Health premiums written (b)	26,872,914			0												26,872,914	
13. Life premiums direct	0																
14. Property/casualty premiums written	0																
15. Health premiums earned	26,279,933			0												26,279,933	
16. Property/casualty premiums earned	0																
17. Amount paid for provision of health care services	18,910,840			0												18,910,840	
18. Amount incurred for provision of health care services	19,148,787			0												19,148,787	

(a) For health business: number of persons insured under PPO managed care products0 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 \$26,872,914

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Florida		2025										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
2		3													
Total		Individual	Group												
Total Members at end of:															
1. Prior year	215,369			0					6					215,363	
2. First quarter	160,138			3					4					160,131	
3. Second quarter	156,317			2					11					156,304	
4. Third quarter	153,146			2					9					153,135	
5. Current year	150,774			2					12					150,760	
6. Current year member months	1,878,785			27					133					1,878,625	
Total Member Ambulatory Encounters for Year:															
7. Physician	732								732						
8. Non-physician	682								682						
9. Total	1,414	0	0	0	0	0	0	0	1,414	0	0	0	0	0	
10. Hospital patient days incurred	64								64						
11. Number of inpatient admissions	8								8						
12. Health premiums written (b)	497,109,068			4,444					144,948					496,959,676	
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	499,644,585			4,427					144,948					499,495,210	
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	443,548,377			11,699					362,552					443,174,126	
18. Amount incurred for provision of health care services	449,888,534			11,699					362,552					449,514,283	

(a) For health business: number of persons insured under PPO managed care products7 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 \$497,104,624

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2025										(LOCATION)		
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	NAIC Company Code	12575
		2 Individual	3 Group													
Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																
1.	Prior year	198,428		0				97,932						100,496		
2.	First quarter	160,688		0				86,254						74,434		
3.	Second quarter	161,305		0				88,814						72,491		
4.	Third quarter	162,223		0				90,925						71,298		
5.	Current year	162,366		0				92,138						70,228		
6.	Current year member months	1,937,216		0				1,064,209						873,007		
Total Member Ambulatory Encounters for Year:																
7.	Physician	4,328,527						4,328,527								
8.	Non-physician	4,028,386						4,028,386								
9.	Total	8,356,913	0	0	0	0	0	8,356,913	0	0	0	0	0	0		
10.	Hospital patient days incurred	155,398						155,398								
11.	Number of inpatient admissions	17,194						17,194								
12.	Health premiums written (b)	1,733,824,809		0				1,511,556,904					222,267,905			
13.	Life premiums direct	0														
14.	Property/casualty premiums written	0														
15.	Health premiums earned	1,728,160,014		0				1,511,556,904					216,603,110			
16.	Property/casualty premiums earned	0														
17.	Amount paid for provision of health care services	1,591,022,488		0				1,397,921,255					193,101,233			
18.	Amount incurred for provision of health care services	1,586,946,133		0				1,390,989,536					195,956,597			

(a) For health business: number of persons insured under PPO managed care products 63,090 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 \$ 1,733,824,809

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Hawaii		2025										NAIC Company Code	
		12575		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
	Total	Individual	Group												
Total Members at end of:															
1. Prior year	6,805			0				0					6,805		
2. First quarter	5,986			0				0					5,986		
3. Second quarter	5,811			0				0					5,811		
4. Third quarter	5,925			0				0					5,925		
5. Current year	5,906			0				0					5,906		
6. Current year member months	70,858			0				0					70,858		
Total Member Ambulatory Encounters for Year:															
7. Physician	0							0							
8. Non-physician	0							0							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	14,950,667			0				0					14,950,667		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	15,453,807			0				0					15,453,807		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	13,712,394			0				0					13,712,394		
18. Amount incurred for provision of health care services	13,864,520			0				0					13,864,520		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 14,950,667

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Idaho		DURING THE YEAR 2025										(LOCATION)		
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	NAIC Company Code	12575
		2 Individual	3 Group													
Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																
1. Prior year	25,221			0				0						25,221		
2. First quarter	19,273			0				0						19,273		
3. Second quarter	18,709			0				0						18,709		
4. Third quarter	18,510			0				0						18,510		
5. Current year	18,424			0				0						18,424		
6. Current year member months	226,246			0				0						226,246		
Total Member Ambulatory Encounters for Year:																
7. Physician	0							0								
8. Non-physician	0							0								
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital patient days incurred	0							0								
11. Number of inpatient admissions	0							0								
12. Health premiums written (b)	67,122,985			0				0					67,122,985			
13. Life premiums direct	0															
14. Property/casualty premiums written	0															
15. Health premiums earned	62,951,413			0				0					62,951,413			
16. Property/casualty premiums earned	0															
17. Amount paid for provision of health care services	50,053,785			0				0					50,053,785			
18. Amount incurred for provision of health care services	50,651,176			0				0					50,651,176			

(a) For health business: number of persons insured under PPO managed care products0 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 \$67,122,985

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Illinois		2025										NAIC Company Code	
		12575		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	131,997			0				0					131,997		
2. First quarter	85,401			0				1					85,400		
3. Second quarter	83,738			0				1					83,737		
4. Third quarter	82,639			0				2					82,637		
5. Current year	81,425			0				1					81,424		
6. Current year member months	1,007,570			0				22					1,007,548		
Total Member Ambulatory Encounters for Year:															
7. Physician	119							119							
8. Non-physician	159							159							
9. Total	278	0	0	0	0	0	0	278	0	0	0	0	0	0	
10. Hospital patient days incurred	9							9							
11. Number of inpatient admissions	1							1							
12. Health premiums written (b)	229,479,486			0				26,301					229,453,185		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	219,514,169			0				26,301					219,487,868		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	198,872,515			0				55,556					198,816,959		
18. Amount incurred for provision of health care services	201,997,055			0				55,556					201,941,499		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 229,479,486

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Indiana		2025										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
		Comprehensive (Hospital & Medical)		Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total		2	3												
		Individual	Group												
Total Members at end of:															
1.	Prior year	117,524		0					0					117,524	
2.	First quarter	84,988		0					0					84,988	
3.	Second quarter	82,389		0					0					82,389	
4.	Third quarter	82,014		0					0					82,014	
5.	Current year	82,290		0					0					82,290	
6.	Current year member months	998,897		0					0					998,897	
Total Member Ambulatory Encounters for Year:															
7.	Physician	0							0						
8.	Non-physician	0							0						
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	
10.	Hospital patient days incurred	0							0						
11.	Number of inpatient admissions	0							0						
12.	Health premiums written (b)	323,351,973		0					0				323,351,973		
13.	Life premiums direct	0													
14.	Property/casualty premiums written	0													
15.	Health premiums earned	309,674,018		0					0				309,674,018		
16.	Property/casualty premiums earned	0													
17.	Amount paid for provision of health care services	257,784,548		0					0				257,784,548		
18.	Amount incurred for provision of health care services	261,134,994		0					0				261,134,994		

(a) For health business: number of persons insured under PPO managed care products0 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 \$323,351,973

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Iowa		DURING THE YEAR 2025										(LOCATION)		
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	NAIC Company Code	12575
		2 Individual	3 Group													
Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																
1. Prior year	71,775			0				2						71,773		
2. First quarter	43,642			0				0						43,642		
3. Second quarter	42,601			0				0						42,601		
4. Third quarter	42,437			0				0						42,437		
5. Current year	42,224			0				0						42,224		
6. Current year member months	514,289			0				0						514,289		
Total Member Ambulatory Encounters for Year:																
7. Physician	0							0								
8. Non-physician	0							0								
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital patient days incurred	0							0								
11. Number of inpatient admissions	0							0								
12. Health premiums written (b)	121,144,550			0				0						121,144,550		
13. Life premiums direct	0															
14. Property/casualty premiums written	0															
15. Health premiums earned	121,672,930			0				0						121,672,930		
16. Property/casualty premiums earned	0															
17. Amount paid for provision of health care services	115,495,000			0				0						115,495,000		
18. Amount incurred for provision of health care services	117,129,475			0				0						117,129,475		

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 121,144,550

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)		
		Kansas		2025										NAIC Company Code		
		12575		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan											
		Total	Individual	Group												
Total Members at end of:																
1.	Prior year	78,264			0					0					78,264	
2.	First quarter	43,001			0					0					43,001	
3.	Second quarter	42,344			0					0					42,344	
4.	Third quarter	41,766			0					0					41,766	
5.	Current year	41,348			0					0					41,348	
6.	Current year member months	511,335			0					0					511,335	
Total Member Ambulatory Encounters for Year:																
7.	Physician	0								0						
8.	Non-physician	0								0						
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10.	Hospital patient days incurred	0								0						
11.	Number of inpatient admissions	0								0						
12.	Health premiums written (b)	125,110,751			0					0					125,110,751	
13.	Life premiums direct	0														
14.	Property/casualty premiums written	0														
15.	Health premiums earned	132,808,034			0					0					132,808,034	
16.	Property/casualty premiums earned	0														
17.	Amount paid for provision of health care services	125,117,463			0					0					125,117,463	
18.	Amount incurred for provision of health care services	126,963,621			0					0					126,963,621	

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 125,110,751

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Kentucky		2025										NAIC Company Code	
		12575		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	74,311			0				0					74,311		
2. First quarter	59,797			0				0					59,797		
3. Second quarter	57,418			0				0					57,418		
4. Third quarter	56,870			0				0					56,870		
5. Current year	56,922			0				0					56,922		
6. Current year member months	696,878			0				0					696,878		
Total Member Ambulatory Encounters for Year:															
7. Physician	0							0							
8. Non-physician	0							0							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	240,336,130			0				0					240,336,130		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	230,773,939			0				0					230,773,939		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	186,011,697			0				0					186,011,697		
18. Amount incurred for provision of health care services	188,275,215			0				0					188,275,215		

(a) For health business: number of persons insured under PPO managed care products0 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 \$240,336,130

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR 2025										(LOCATION)		
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	NAIC Company Code	12575
		2 Individual	3 Group													
Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																
1. Prior year	40,898			0				4						40,894		
2. First quarter	39,346			0				1						39,345		
3. Second quarter	39,451			0				1						39,450		
4. Third quarter	39,435			0				0						39,435		
5. Current year	39,371			0				1						39,370		
6. Current year member months	477,500			0				22						477,478		
Total Member Ambulatory Encounters for Year:																
7. Physician	164							164								
8. Non-physician	223							223								
9. Total	387	0	0	0	0	0	0	387	0	0	0	0	0	0		
10. Hospital patient days incurred	83							83								
11. Number of inpatient admissions	1							1								
12. Health premiums written (b)	146,551,323			0				37,380					146,513,943			
13. Life premiums direct	0															
14. Property/casualty premiums written	0															
15. Health premiums earned	143,210,022			0				37,380					143,172,642			
16. Property/casualty premiums earned	0															
17. Amount paid for provision of health care services	120,889,416			0				124,360					120,765,056			
18. Amount incurred for provision of health care services	122,038,378			0				124,360					121,914,018			

(a) For health business: number of persons insured under PPO managed care products1 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 \$ 146,551,323

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Maine		2025										NAIC Company Code	
		12575		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	10,081			0				1					10,080		
2. First quarter	6,987			0				0					6,987		
3. Second quarter	6,808			0				0					6,808		
4. Third quarter	6,773			0				0					6,773		
5. Current year	6,732			0				0					6,732		
6. Current year member months	82,204			0				0					82,204		
Total Member Ambulatory Encounters for Year:															
7. Physician	0							0							
8. Non-physician	0							0							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	24,353,998			0				0					24,353,998		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	23,140,922			0				0					23,140,922		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	20,008,628			0				0					20,008,628		
18. Amount incurred for provision of health care services	20,311,342			0				0					20,311,342		

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 24,353,998

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Maryland		2025										NAIC Company Code	
		1		12575										12575	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
Total		2	3												Medicare Supplement
Total Members at end of:															
1. Prior year	89,487			0				1						89,486	
2. First quarter	80,983			0				0						80,983	
3. Second quarter	78,366			0				0						78,366	
4. Third quarter	77,238			0				0						77,238	
5. Current year	76,183			0				0						76,183	
6. Current year member months	945,424			0				0						945,424	
Total Member Ambulatory Encounters for Year:															
7. Physician	0							0							
8. Non-physician	0							0							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	273,604,720			0				0					273,604,720		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	266,254,361			0				0					266,254,361		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	231,756,964			0				0					231,756,964		
18. Amount incurred for provision of health care services	234,484,341			0				0					234,484,341		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$273,604,720

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)													
		Massachusetts		2025										NAIC Company Code													
		1		2		3		4		5		6		7		8		9		10		11		12		13	
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health					
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
Total Members at end of:																											
1. Prior year		70,327				0								1										70,326			
2. First quarter		84,106				0								0										84,106			
3. Second quarter		84,691				0								0										84,691			
4. Third quarter		85,930				0								0										85,930			
5. Current year		87,347				0								0										87,347			
6. Current year member months		1,021,568				0								0										1,021,568			
Total Member Ambulatory Encounters for Year:																											
7. Physician		0												0												0	
8. Non-physician		0												0												0	
9. Total		0		0		0		0		0		0		0		0		0		0		0		0		0	
10. Hospital patient days incurred		0												0													
11. Number of inpatient admissions		0												0													
12. Health premiums written (b)		382,238,287				0								0										382,238,287			
13. Life premiums direct		0												0													
14. Property/casualty premiums written		0												0													
15. Health premiums earned		367,450,871				0								0										367,450,871			
16. Property/casualty premiums earned		0												0													
17. Amount paid for provision of health care services		296,276,984				0								0										296,276,984			
18. Amount incurred for provision of health care services		298,748,839				0								0										298,748,839			

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 382,238,287

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)			
		Michigan		2025										NAIC Company Code			
		12575		Comprehensive (Hospital & Medical)		2	3	4	5	6	7	8	9	10	11	12	13
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	87,905			110				4								87,791	
2. First quarter	58,039			219				0								57,820	
3. Second quarter	57,361			245				1								57,115	
4. Third quarter	56,778			260				1								56,517	
5. Current year	56,326			311				1								56,014	
6. Current year member months	688,239			2,945				20								685,274	
Total Member Ambulatory Encounters for Year:																	
7. Physician	50							50									
8. Non-physician	141							141									
9. Total	191	0	0	0	0	0	0	191	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	12							12									
11. Number of inpatient admissions	1							1									
12. Health premiums written (b)	128,573,832			392,372				29,941								128,151,519	
13. Life premiums direct	0																
14. Property/casualty premiums written	0																
15. Health premiums earned	139,972,839			390,953				29,941								139,551,945	
16. Property/casualty premiums earned	0																
17. Amount paid for provision of health care services	134,868,764			363,761				41,256								134,463,747	
18. Amount incurred for provision of health care services	136,816,969			363,761				41,256								136,411,952	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 128,181,460

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Minnesota		2025										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
Comprehensive (Hospital & Medical)															
2		3													
Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior year	71,583			0				0					71,583		
2. First quarter	55,491			0				0					55,491		
3. Second quarter	53,795			0				0					53,795		
4. Third quarter	54,228			0				0					54,228		
5. Current year	54,244			0				0					54,244		
6. Current year member months	653,285			0				0					653,285		
Total Member Ambulatory Encounters for Year:															
7. Physician	0							0							
8. Non-physician	0							0							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	197,454,091			0				0					197,454,091		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	201,407,423			0				0					201,407,423		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	181,354,779			0				0					181,354,779		
18. Amount incurred for provision of health care services	183,441,658			0				0					183,441,658		

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 197,454,091

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Mississippi		2025										NAIC Company Code	
		12575		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	50,150			0				2					50,148		
2. First quarter	38,236			0				0					38,236		
3. Second quarter	37,518			0				0					37,518		
4. Third quarter	36,900			0				0					36,900		
5. Current year	36,535			0				0					36,535		
6. Current year member months	451,276			0				0					451,276		
Total Member Ambulatory Encounters for Year:															
7. Physician	0							0							
8. Non-physician	0							0							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	114,982,489			0				0					114,982,489		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	112,067,104			0				0					112,067,104		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	101,475,443			0				0					101,475,443		
18. Amount incurred for provision of health care services	102,947,408			0				0					102,947,408		

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 114,982,489

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Missouri		2025										NAIC Company Code	
		12575		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	76,036			0				0					76,036		
2. First quarter	56,458			0				0					56,458		
3. Second quarter	55,635			0				2					55,633		
4. Third quarter	55,278			0				2					55,276		
5. Current year	55,481			0				4					55,477		
6. Current year member months	668,328			0				14					668,314		
Total Member Ambulatory Encounters for Year:															
7. Physician	47							47							
8. Non-physician	97							97							
9. Total	144	0	0	0	0	0	0	144	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	208,555,931			0				27,165					208,528,766		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	198,239,740			0				27,165					198,212,575		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	171,157,923			0				12,812					171,145,111		
18. Amount incurred for provision of health care services	173,340,322			0				12,812					173,327,510		

(a) For health business: number of persons insured under PPO managed care products3 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 \$208,555,931

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)			
		Montana		2025										NAIC Company Code			
		12575		Comprehensive (Hospital & Medical)		2	3	4	5	6	7	8	9	10	11	12	13
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health				
Total Members at end of:																	
1. Prior year	26,473			0												26,473	
2. First quarter	20,474			0												20,474	
3. Second quarter	19,672			0												19,672	
4. Third quarter	19,559			0												19,559	
5. Current year	19,549			0												19,549	
6. Current year member months	238,418			0												238,418	
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	0	0
10. Hospital patient days incurred	0																
11. Number of inpatient admissions	0																
12. Health premiums written (b)	54,360,016			0												54,360,016	
13. Life premiums direct	0																
14. Property/casualty premiums written	0																
15. Health premiums earned	54,530,754			0												54,530,754	
16. Property/casualty premiums earned	0																
17. Amount paid for provision of health care services	49,832,848			0												49,832,848	
18. Amount incurred for provision of health care services	50,418,662			0												50,418,662	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 54,360,016

30 MT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Nebraska		2025										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
2		3													
Total		Individual	Group												
Total Members at end of:															
1. Prior year	35,795			0					1					35,794	
2. First quarter	22,529			0					0					22,529	
3. Second quarter	21,851			0					0					21,851	
4. Third quarter	21,801			0					0					21,801	
5. Current year	21,712			0					0					21,712	
6. Current year member months	264,759			0					0					264,759	
Total Member Ambulatory Encounters for Year:															
7. Physician	0								0						
8. Non-physician	0								0						
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0								0						
11. Number of inpatient admissions	0								0						
12. Health premiums written (b)	64,432,068			0					0					64,432,068	
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	64,800,652			0					0					64,800,652	
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	65,547,498			0					0					65,547,498	
18. Amount incurred for provision of health care services	66,459,161			0					0					66,459,161	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$64,432,068

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2025										(LOCATION) NAIC Company Code 12575	
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior year	18,703			0				3						18,700	
2. First quarter	14,637			0				0						14,637	
3. Second quarter	14,253			0				0						14,253	
4. Third quarter	14,035			0				0						14,035	
5. Current year	13,843			0				0						13,843	
6. Current year member months	171,666			0				0						171,666	
Total Member Ambulatory Encounters for Year:															
7. Physician	0							0							
8. Non-physician	0							0							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	41,102,511			0				0					41,102,511		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	40,006,994			0				0					40,006,994		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	34,828,742			0				0					34,828,742		
18. Amount incurred for provision of health care services	35,284,472			0				0					35,284,472		

(a) For health business: number of persons insured under PPO managed care products0 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 \$41,102,511

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		(LOCATION)										
		New Hampshire		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code 12575										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	24,216			10				0					24,206	
2. First quarter	14,781			33				0					14,748	
3. Second quarter	14,564			38				0					14,526	
4. Third quarter	14,432			43				0					14,389	
5. Current year	14,315			46				0					14,269	
6. Current year member months	175,072			460				0					174,612	
Total Member Ambulatory Encounters for Year:														
7. Physician	0							0						
8. Non-physician	0							0						
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0							0						
11. Number of inpatient admissions	0							0						
12. Health premiums written (b)	40,951,098			88,208				0					40,862,890	
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	38,988,102			87,889				0					38,900,213	
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	32,520,252			69,336				0					32,450,916	
18. Amount incurred for provision of health care services	33,032,400			69,336				0					32,963,064	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$40,862,890

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		New Jersey		2025										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
Comprehensive (Hospital & Medical)															
2		3													
Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior year	102,842			0				0					102,842		
2. First quarter	83,352			0				0					83,352		
3. Second quarter	82,470			0				0					82,470		
4. Third quarter	82,287			0				0					82,287		
5. Current year	81,868			0				0					81,868		
6. Current year member months	992,974			0				0					992,974		
Total Member Ambulatory Encounters for Year:															
7. Physician	0							0							
8. Non-physician	0							0							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	291,311,989			0				0					291,311,989		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	279,261,974			0				0					279,261,974		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	248,353,771			0				0					248,353,771		
18. Amount incurred for provision of health care services	251,526,448			0				0					251,526,448		

(a) For health business: number of persons insured under PPO managed care products0 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 \$291,311,989

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		New Mexico		2025										NAIC Company Code	
		12575		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	26,174			0				0					26,174		
2. First quarter	14,478			0				0					14,478		
3. Second quarter	12,884			0				0					12,884		
4. Third quarter	12,670			0				0					12,670		
5. Current year	12,433			0				0					12,433		
6. Current year member months	158,209			0				0					158,209		
Total Member Ambulatory Encounters for Year:															
7. Physician	0							0							
8. Non-physician	0							0							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	32,844,796			0				0					32,844,796		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	31,758,450			0				0					31,758,450		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	25,344,575			0				0					25,344,575		
18. Amount incurred for provision of health care services	25,992,677			0				0					25,992,677		

(a) For health business: number of persons insured under PPO managed care products0 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 \$32,844,796

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		New York		2025										NAIC Company Code	
		New York		2025										12575	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior year	154,624			0				5					154,619		
2. First quarter	150,080			0				1					150,079		
3. Second quarter	153,152			0				0					153,152		
4. Third quarter	155,262			0				0					155,262		
5. Current year	155,806			0				0					155,806		
6. Current year member months	1,841,332			0				14					1,841,318		
Total Member Ambulatory Encounters for Year:															
7. Physician	47							47							
8. Non-physician	146							146							
9. Total	193	0	0	0	0	0	0	193	0	0	0	0	0	0	
10. Hospital patient days incurred	10							10							
11. Number of inpatient admissions	1							1							
12. Health premiums written (b)	655,100,895			0				25,180					655,075,715		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	665,542,739			0				25,180					665,517,559		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	644,852,260			0				32,983					644,819,277		
18. Amount incurred for provision of health care services	651,440,060			0				32,983					651,407,077		

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 655,100,895

30 NY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		North Carolina		2025										NAIC Company Code	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
2	3	Medicare Supplement	Vision Only												Dental Only
		Total	Individual	Group											
Total Members at end of:															
1.	Prior year	117,183			0					2				117,181	
2.	First quarter	78,363			0				4					78,359	
3.	Second quarter	78,110			0				4					78,106	
4.	Third quarter	78,471			0				3					78,468	
5.	Current year	78,127			0				4					78,123	
6.	Current year member months	942,940			0				34					942,906	
Total Member Ambulatory Encounters for Year:															
7.	Physician	303							303						
8.	Non-physician	336							336						
9.	Total	639	0	0	0	0	0	0	639	0	0	0	0	0	
10.	Hospital patient days incurred	24							24						
11.	Number of inpatient admissions	0							0						
12.	Health premiums written (b)	233,212,386			0				27,656					233,184,730	
13.	Life premiums direct	0													
14.	Property/casualty premiums written	0													
15.	Health premiums earned	228,219,554			0				27,656					228,191,898	
16.	Property/casualty premiums earned	0													
17.	Amount paid for provision of health care services	199,211,683			0				41,990					199,169,693	
18.	Amount incurred for provision of health care services	202,079,455			0				41,990					202,037,465	

(a) For health business: number of persons insured under PPO managed care products3 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 \$ 233,212,386

30 NC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)			
		North Dakota		2025										NAIC Company Code			
		12575		Comprehensive (Hospital & Medical)		2	3	4	5	6	7	8	9	10	11	12	13
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health				
Total Members at end of:																	
1. Prior year	18,261			0												18,261	
2. First quarter	12,998			0												12,998	
3. Second quarter	12,633			0												12,633	
4. Third quarter	12,519			0												12,519	
5. Current year	12,463			0												12,463	
6. Current year member months	152,369			0												152,369	
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	0	0
10. Hospital patient days incurred	0																
11. Number of inpatient admissions	0																
12. Health premiums written (b)	39,128,528			0												39,128,528	
13. Life premiums direct	0																
14. Property/casualty premiums written	0																
15. Health premiums earned	38,973,367			0												38,973,367	
16. Property/casualty premiums earned	0																
17. Amount paid for provision of health care services	35,989,715			0												35,989,715	
18. Amount incurred for provision of health care services	36,487,012			0												36,487,012	

(a) For health business: number of persons insured under PPO managed care products0 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 \$39,128,528

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

(LOCATION)

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Ohio		2025										NAIC Company Code	
		Ohio		2025										12575	
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
Total		2 Individual	3 Group												
Total Members at end of:															
1.	Prior year	150,901		0				2						150,899	
2.	First quarter	92,584		0				0						92,584	
3.	Second quarter	91,259		0				1						91,258	
4.	Third quarter	90,214		0				1						90,213	
5.	Current year	89,230		0				0						89,230	
6.	Current year member months	1,097,969		0				13						1,097,956	
Total Member Ambulatory Encounters for Year:															
7.	Physician	144						144							
8.	Non-physician	97						97							
9.	Total	241	0	0	0	0	0	241	0	0	0	0	0	0	
10.	Hospital patient days incurred	26						26							
11.	Number of inpatient admissions	1						1							
12.	Health premiums written (b)	253,445,363		0				19,991					253,425,372		
13.	Life premiums direct	0													
14.	Property/casualty premiums written	0													
15.	Health premiums earned	243,951,148		0				19,991					243,931,157		
16.	Property/casualty premiums earned	0													
17.	Amount paid for provision of health care services	214,327,547		0				78,175					214,249,372		
18.	Amount incurred for provision of health care services	217,613,136		0				78,175					217,534,961		

(a) For health business: number of persons insured under PPO managed care products0 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 \$253,445,363

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Oklahoma		2025										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
2		3													
Total		Individual	Group												
Total Members at end of:															
1. Prior year	47,044			0					0					47,044	
2. First quarter	36,281			0					0					36,281	
3. Second quarter	35,901			0					0					35,901	
4. Third quarter	35,898			0					0					35,898	
5. Current year	35,585			0					0					35,585	
6. Current year member months	431,932			0					0					431,932	
Total Member Ambulatory Encounters for Year:															
7. Physician	0								0						
8. Non-physician	0								0						
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0								0						
11. Number of inpatient admissions	0								0						
12. Health premiums written (b)	168,312,393			0					0					168,312,393	
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	156,211,725			0					0					156,211,725	
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	126,422,095			0					0					126,422,095	
18. Amount incurred for provision of health care services	128,018,628			0					0					128,018,628	

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 168,312,393

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Oregon		DURING THE YEAR 2025										(LOCATION)		
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	NAIC Company Code	12575
		2 Individual	3 Group													
Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																
1. Prior year	42,231			0				0						42,231		
2. First quarter	27,089			0				0						27,089		
3. Second quarter	26,608			0				0						26,608		
4. Third quarter	26,357			0				0						26,357		
5. Current year	25,966			0				0						25,966		
6. Current year member months	320,101			0				0						320,101		
Total Member Ambulatory Encounters for Year:																
7. Physician	0							0								
8. Non-physician	0							0								
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital patient days incurred	0							0								
11. Number of inpatient admissions	0							0								
12. Health premiums written (b)	61,421,124			0				0					61,421,124			
13. Life premiums direct	0															
14. Property/casualty premiums written	0															
15. Health premiums earned	65,606,771			0				0					65,606,771			
16. Property/casualty premiums earned	0															
17. Amount paid for provision of health care services	54,672,166			0				0					54,672,166			
18. Amount incurred for provision of health care services	55,472,522			0				0					55,472,522			

(a) For health business: number of persons insured under PPO managed care products0 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 \$61,421,124

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)													
		Pennsylvania		2025										NAIC Company Code													
		1		2		3		4		5		6		7		8		9		10		11		12		13	
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health					
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
Total Members at end of:																											
1. Prior year		203,951				0								1										203,950			
2. First quarter		168,942				0								0										168,942			
3. Second quarter		165,300				0								4										165,296			
4. Third quarter		164,309				0								2										164,307			
5. Current year		165,114				0								1										165,113			
6. Current year member months		1,999,460				0								23										1,999,437			
Total Member Ambulatory Encounters for Year:																											
7. Physician		97												97													
8. Non-physician		49												49													
9. Total		146		0		0		0		0		0		146		0		0		0		0		0		0	
10. Hospital patient days incurred		4												4													
11. Number of inpatient admissions		1												1													
12. Health premiums written (b)		661,230,187				0								20,299										661,209,888			
13. Life premiums direct		0																									
14. Property/casualty premiums written		0																									
15. Health premiums earned		610,322,506				0								20,299										610,302,207			
16. Property/casualty premiums earned		0																									
17. Amount paid for provision of health care services		492,842,661				0								47,693										492,794,968			
18. Amount incurred for provision of health care services		498,538,599				0								47,693										498,490,906			

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 661,230,187



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)													
		Rhode Island		2025										NAIC Company Code													
		1		2		3		4		5		6		7		8		9		10		11		12		13	
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health					
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
Total Members at end of:																											
1. Prior year		7,243				0						0												7,243			
2. First quarter		6,347				0						0												6,347			
3. Second quarter		6,266				0						0												6,266			
4. Third quarter		6,458				0						0												6,458			
5. Current year		6,659				0						0												6,659			
6. Current year member months		77,287				0						0												77,287			
Total Member Ambulatory Encounters for Year:																											
7. Physician		0				0						0												0			
8. Non-physician		0				0						0												0			
9. Total		0		0		0		0		0		0		0		0		0		0		0		0		0	
10. Hospital patient days incurred		0				0						0												0			
11. Number of inpatient admissions		0				0						0												0			
12. Health premiums written (b)		24,375,465				0						0												24,375,465			
13. Life premiums direct		0				0						0												0			
14. Property/casualty premiums written		0				0						0												0			
15. Health premiums earned		23,228,057				0						0												23,228,057			
16. Property/casualty premiums earned		0				0						0												0			
17. Amount paid for provision of health care services		18,268,135				0						0												18,268,135			
18. Amount incurred for provision of health care services		18,474,985				0						0												18,474,985			

(a) For health business: number of persons insured under PPO managed care products0 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 \$24,375,465

30.RI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		South Carolina		2025										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
2		3													
Total		Individual	Group												
Total Members at end of:															
1. Prior year	63,642			0					2					63,640	
2. First quarter	44,987			0					1					44,986	
3. Second quarter	44,393			0					3					44,390	
4. Third quarter	43,891			0					2					43,889	
5. Current year	43,418			0					2					43,416	
6. Current year member months	534,288			0					41					534,247	
Total Member Ambulatory Encounters for Year:															
7. Physician	168								168						
8. Non-physician	298								298						
9. Total	466	0	0	0	0	0	0	0	466	0	0	0	0	0	
10. Hospital patient days incurred	11								11						
11. Number of inpatient admissions	1								1						
12. Health premiums written (b)	137,186,910			0					42,392					137,144,518	
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	131,622,787			0					42,392					131,580,395	
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	111,839,957			0					73,662					111,766,295	
18. Amount incurred for provision of health care services	113,429,053			0					73,662					113,355,391	

(a) For health business: number of persons insured under PPO managed care products2 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 \$ 137,186,910

30.SC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		South Dakota		2025										NAIC Company Code	
		12575		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan										
Total		Individual	Group												
Total Members at end of:															
1.	Prior year	25,841			0					0					25,841
2.	First quarter	16,162			0					0					16,162
3.	Second quarter	15,790			0					0					15,790
4.	Third quarter	15,699			0					0					15,699
5.	Current year	15,632			0					0					15,632
6.	Current year member months	190,897			0					0					190,897
Total Member Ambulatory Encounters for Year:															
7.	Physician	0								0					
8.	Non-physician	0								0					
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	Hospital patient days incurred	0								0					
11.	Number of inpatient admissions	0								0					
12.	Health premiums written (b)	44,955,913			0					0					44,955,913
13.	Life premiums direct	0													
14.	Property/casualty premiums written	0													
15.	Health premiums earned	45,392,359			0					0					45,392,359
16.	Property/casualty premiums earned	0													
17.	Amount paid for provision of health care services	46,292,216			0					0					46,292,216
18.	Amount incurred for provision of health care services	46,924,065			0					0					46,924,065

(a) For health business: number of persons insured under PPO managed care products0 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 \$44,955,913

30.SD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Tennessee											(LOCATION)			
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code	12575
		2	3													
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																
1. Prior year	78,513			152				5							78,356	
2. First quarter	54,734			258				1							54,475	
3. Second quarter	53,822			275				3							53,544	
4. Third quarter	53,168			310				4							52,854	
5. Current year	52,655			402				1							52,252	
6. Current year member months	647,237			3,522				25							643,690	
Total Member Ambulatory Encounters for Year:																
7. Physician	145							145								
8. Non-physician	96							96								
9. Total	241	0	0	0	0	0	0	241	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	22							22								
11. Number of inpatient admissions	1							1								
12. Health premiums written (b)	154,084,617			454,423				42,366							153,587,828	
13. Life premiums direct	0															
14. Property/casualty premiums written	0															
15. Health premiums earned	148,578,533			452,782				42,366							148,083,385	
16. Property/casualty premiums earned	0															
17. Amount paid for provision of health care services	137,146,472			557,615				70,583							136,518,274	
18. Amount incurred for provision of health care services	139,363,917			684,023				70,583							138,609,311	

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 153,630,194

30.TN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)													
		Texas		2025										NAIC Company Code													
		1		4		5		6		7		8		9		10		11		12		13		14			
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health					
2		3		4		5		6		7		8		9		10		11		12		13		14			
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
Total Members at end of:																											
1. Prior year		279,819				0								46,788								233,031					
2. First quarter		214,807				0								44,054								170,753					
3. Second quarter		211,319				0								44,522								166,797					
4. Third quarter		208,798				0								44,974								163,824					
5. Current year		206,914				0								45,199								161,715					
6. Current year member months		2,540,071				0								534,342								2,005,729					
Total Member Ambulatory Encounters for Year:																											
7. Physician		2,028,514												2,028,514													
8. Non-physician		1,822,087												1,822,087													
9. Total		3,850,601		0		0		0		0		0		3,850,601		0		0		0		0		0			
10. Hospital patient days incurred		69,868												69,868													
11. Number of inpatient admissions		7,200												7,200													
12. Health premiums written (b)		1,135,396,239				0								674,446,091								460,950,148					
13. Life premiums direct		0																									
14. Property/casualty premiums written		0																									
15. Health premiums earned		1,120,964,309				0								674,446,091								446,518,218					
16. Property/casualty premiums earned		0																									
17. Amount paid for provision of health care services		1,015,988,073				0								624,832,350								391,155,723					
18. Amount incurred for provision of health care services		1,018,522,556				0								621,718,099								396,804,457					

(a) For health business: number of persons insured under PPO managed care products 45,199 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 \$ 1,135,396,239

30.TX



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)													
		Utah		2025										NAIC Company Code													
		1		2		3		4		5		6		7		8		9		10		11		12		13	
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health					
Total		Individual		Group																							
Total Members at end of:																											
1.	Prior year	21,216			0					0																	21,216
2.	First quarter	17,320			0					0																	17,320
3.	Second quarter	16,690			0					0																	16,690
4.	Third quarter	16,554			0					0																	16,554
5.	Current year	16,481			0					0																	16,481
6.	Current year member months	201,965			0					0																	201,965
Total Member Ambulatory Encounters for Year:																											
7.	Physician	0								0																	
8.	Non-physician	0								0																	
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10.	Hospital patient days incurred	0								0																	
11.	Number of inpatient admissions	0								0																	
12.	Health premiums written (b)	64,939,131			0					0																	64,939,131
13.	Life premiums direct	0																									
14.	Property/casualty premiums written	0																									
15.	Health premiums earned	60,876,222			0					0																	60,876,222
16.	Property/casualty premiums earned	0																									
17.	Amount paid for provision of health care services	45,484,811			0					0																	45,484,811
18.	Amount incurred for provision of health care services	46,051,076			0					0																	46,051,076

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 64,939,131

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Vermont		2025										NAIC Company Code	
		1		12575											
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
2		3													
Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:															
1. Prior year	11,084			0				0						11,084	
2. First quarter	10,559			0				0						10,559	
3. Second quarter	10,486			0				0						10,486	
4. Third quarter	10,515			0				0						10,515	
5. Current year	10,548			0				0						10,548	
6. Current year member months	126,382			0				0						126,382	
Total Member Ambulatory Encounters for Year:															
7. Physician	0							0							
8. Non-physician	0							0							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	37,611,903			0				0					37,611,903		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	35,987,847			0				0					35,987,847		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	30,063,861			0				0					30,063,861		
18. Amount incurred for provision of health care services	30,366,384			0				0					30,366,384		

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 37,611,903

30.VT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)		
		Virginia		2025										NAIC Company Code		
		12575		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan											
		Total	Individual	Group												
Total Members at end of:																
1.	Prior year	105,565			0					5					105,560	
2.	First quarter	88,240			0					0					88,240	
3.	Second quarter	86,908			0					0					86,908	
4.	Third quarter	86,606			0					0					86,606	
5.	Current year	86,398			0					0					86,398	
6.	Current year member months	1,050,204			0					0					1,050,204	
Total Member Ambulatory Encounters for Year:																
7.	Physician	0								0						
8.	Non-physician	0								0						
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10.	Hospital patient days incurred	0								0						
11.	Number of inpatient admissions	0								0						
12.	Health premiums written (b)	204,560,971			0					0					204,560,971	
13.	Life premiums direct	0														
14.	Property/casualty premiums written	0														
15.	Health premiums earned	213,280,259			0					0					213,280,259	
16.	Property/casualty premiums earned	0														
17.	Amount paid for provision of health care services	204,194,153			0					0					204,194,153	
18.	Amount incurred for provision of health care services	206,594,366			0					0					206,594,366	

(a) For health business: number of persons insured under PPO managed care products0 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 \$204,560,971

30 VA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Washington		2025										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
2		3													
Total		Individual	Group												
Total Members at end of:															
1. Prior year	78,400			0					0					78,400	
2. First quarter	49,091			0					0					49,091	
3. Second quarter	48,035			0					0					48,035	
4. Third quarter	47,548			0					0					47,548	
5. Current year	47,008			0					0					47,008	
6. Current year member months	578,620			0					0					578,620	
Total Member Ambulatory Encounters for Year:															
7. Physician	0								0						
8. Non-physician	0								0						
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0								0						
11. Number of inpatient admissions	0								0						
12. Health premiums written (b)	101,903,684			0					0					101,903,684	
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	109,046,293			0					0					109,046,293	
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	102,902,299			0					0					102,902,299	
18. Amount incurred for provision of health care services	104,387,010			0					0					104,387,010	

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 101,903,684

30.WA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										
		West Virginia		2025										
		(LOCATION)		NAIC Company Code 12575										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	24,352			1				0					24,351	
2. First quarter	25,835			4				0					25,831	
3. Second quarter	25,348			4				0					25,344	
4. Third quarter	25,276			4				0					25,272	
5. Current year	25,411			6				0					25,405	
6. Current year member months	307,553			51				0					307,502	
Total Member Ambulatory Encounters for Year:														
7. Physician	0							0						
8. Non-physician	0							0						
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0							0						
11. Number of inpatient admissions	0							0						
12. Health premiums written (b)	114,413,278			8,106				0					114,405,172	
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	106,683,514			8,076				0					106,675,438	
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	71,654,695			9,320				0					71,645,375	
18. Amount incurred for provision of health care services	72,336,768			9,320				0					72,327,448	

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 114,405,172

AMW



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Wisconsin		2025										NAIC Company Code	
		1		4		5	6	7	8	9	10	11	12	13	14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
2		3													
Total		Individual	Group												
Total Members at end of:															
1. Prior year	67,663			0					0					67,663	
2. First quarter	50,954			0					0					50,954	
3. Second quarter	49,690			0					0					49,690	
4. Third quarter	49,377			0					0					49,377	
5. Current year	49,109			0					0					49,109	
6. Current year member months	600,438			0					0					600,438	
Total Member Ambulatory Encounters for Year:															
7. Physician	0								0						
8. Non-physician	0								0						
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0								0						
11. Number of inpatient admissions	0								0						
12. Health premiums written (b)	156,532,102			0					0					156,532,102	
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	163,050,142			0					0					163,050,142	
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	156,772,458			0					0					156,772,458	
18. Amount incurred for provision of health care services	158,837,087			0					0					158,837,087	

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 156,532,102

30.WI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR 2025										(LOCATION)		
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	NAIC Company Code	12575
		2 Individual	3 Group													
Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																
1.	Prior year	15,947		0				0						15,947		
2.	First quarter	11,526		0				0						11,526		
3.	Second quarter	11,288		0				0						11,288		
4.	Third quarter	11,197		0				0						11,197		
5.	Current year	11,152		0				0						11,152		
6.	Current year member months	136,121		0				0						136,121		
Total Member Ambulatory Encounters for Year:																
7.	Physician	0						0								
8.	Non-physician	0						0								
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0		
10.	Hospital patient days incurred	0						0								
11.	Number of inpatient admissions	0						0								
12.	Health premiums written (b)	27,257,681		0				0					27,257,681			
13.	Life premiums direct	0														
14.	Property/casualty premiums written	0														
15.	Health premiums earned	27,175,118		0				0					27,175,118			
16.	Property/casualty premiums earned	0														
17.	Amount paid for provision of health care services	24,084,663		0				0					24,084,663			
18.	Amount incurred for provision of health care services	24,406,766		0				0					24,406,766			

(a) For health business: number of persons insured under PPO managed care products0 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 \$27,257,681

30.WY



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Guam		2025										NAIC Company Code	
		12575		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	15			0				0						15	
2. First quarter	11			0				0						11	
3. Second quarter	9			0				0						9	
4. Third quarter	8			0				0						8	
5. Current year	6			0				0						6	
6. Current year member months	110			0				0						110	
Total Member Ambulatory Encounters for Year:															
7. Physician	0							0							
8. Non-physician	0							0							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	27,765			0				0					27,765		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	27,890			0				0					27,890		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	7,027			0				0					7,027		
18. Amount incurred for provision of health care services	7,133			0				0					7,133		

(a) For health business: number of persons insured under PPO managed care products0 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 \$27,765

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)			
		Puerto Rico		2025										NAIC Company Code			
		12575		Comprehensive (Hospital & Medical)		2	3	4	5	6	7	8	9	10	11	12	13
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	186			0				0								186	
2. First quarter	205			0				0								205	
3. Second quarter	196			0				0								196	
4. Third quarter	212			0				0								212	
5. Current year	210			0				0								210	
6. Current year member months	2,493			0				0								2,493	
Total Member Ambulatory Encounters for Year:																	
7. Physician	0							0									
8. Non-physician	0							0									
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0							0									
11. Number of inpatient admissions	0							0									
12. Health premiums written (b)	764,990			0				0								764,990	
13. Life premiums direct	0																
14. Property/casualty premiums written	0																
15. Health premiums earned	767,393			0				0								767,393	
16. Property/casualty premiums earned	0																
17. Amount paid for provision of health care services	281,450			0				0								281,450	
18. Amount incurred for provision of health care services	285,048			0				0								285,048	

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 764,990

30.PR



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		(LOCATION)										
		U.S. Virgin Islands		2025										
		U.S. Virgin Islands		NAIC Company Code 12575										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	59			0				0						59
2. First quarter	71			0				0						71
3. Second quarter	74			0				0						74
4. Third quarter	73			0				0						73
5. Current year	72			0				0						72
6. Current year member months	907			0				0						907
Total Member Ambulatory Encounters for Year:														
7. Physician	0							0						
8. Non-physician	0							0						
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0							0						
11. Number of inpatient admissions	0							0						
12. Health premiums written (b)	155,862			0				0					155,862	
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	156,201			0				0					156,201	
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	160,571			0				0					160,571	
18. Amount incurred for provision of health care services	160,835			0				0					160,835	

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 155,862



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Northern Mariana Islands		2025										NAIC Company Code	
		12575		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
	Total	Individual	Group												
Total Members at end of:															
1. Prior year	4			0				0					4		
2. First quarter	5			0				0					5		
3. Second quarter	5			0				0					5		
4. Third quarter	5			0				0					5		
5. Current year	3			0				0					3		
6. Current year member months	58			0				0					58		
Total Member Ambulatory Encounters for Year:															
7. Physician	0							0							
8. Non-physician	0							0							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0							0							
11. Number of inpatient admissions	0							0							
12. Health premiums written (b)	10,267			0				0					10,267		
13. Life premiums direct	0														
14. Property/casualty premiums written	0														
15. Health premiums earned	10,290			0				0					10,290		
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services	187			0				0					187		
18. Amount incurred for provision of health care services	193			0				0					193		

(a) For health business: number of persons insured under PPO managed care products0 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 \$ 10,267

30 MP



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001		BUSINESS IN THE STATE OF		Canada		DURING THE YEAR							2025		(LOCATION)		NAIC Company Code		12575	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		2	3																		
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health								
Total Members at end of:																					
1. Prior year	0																				
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	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.CN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Franklin, TN

NAIC Group Code	0001	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										(LOCATION)		
		Comprehensive (Hospital & Medical)			4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code	12575
		2	3														
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
Total Members at end of:																	
1. Prior year	3,706,760	0	0	276	0	0	0	144,791	0	0	0	0	3,561,693	0			
2. First quarter	2,827,727	0	0	520	0	0	0	130,330	0	0	0	0	2,696,877	0			
3. Second quarter	2,782,352	0	0	567	0	0	0	133,381	0	0	0	0	2,648,404	0			
4. Third quarter	2,763,791	0	0	622	0	0	0	135,936	0	0	0	0	2,627,233	0			
5. Current year	2,749,099	0	0	769	0	0	0	137,374	0	0	0	0	2,610,956	0			
6. Current year member months	33,525,517	0	0	7,038	0	0	0	1,599,033	0	0	0	0	31,919,446	0			
Total Member Ambulatory Encounters for Year:																	
7. Physician	6,359,476	0	0	0	0	0	0	6,359,476	0	0	0	0	0	0			
8. Non-physician	5,853,308	0	0	0	0	0	0	5,853,308	0	0	0	0	0	0			
9. Total	12,212,784	0	0	0	0	0	0	12,212,784	0	0	0	0	0	0			
10. Hospital patient days incurred	225,551	0	0	0	0	0	0	225,551	0	0	0	0	0	0			
11. Number of inpatient admissions	24,412	0	0	0	0	0	0	24,412	0	0	0	0	0	0			
12. Health premiums written (b)	11,128,249,911	0	0	953,223	0	0	0	2,186,567,063	0	0	0	0	8,940,729,625	0			
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Health premiums earned	11,057,915,551	0	0	949,776	0	0	0	2,186,567,063	0	0	0	0	8,870,398,712	0			
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Amount paid for provision of health care services	9,871,453,449	0	0	1,018,696	0	0	0	2,023,916,461	0	0	0	0	7,846,518,292	0			
18. Amount incurred for provision of health care services	9,961,346,838	0	0	1,145,104	0	0	0	2,013,870,491	0	0	0	0	7,946,331,243	0			

(a) For health business: number of persons insured under PPO managed care products 108,317 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 11,127,296,688

30.GT

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE												
9999999 - Totals												

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
63444	06-1566092	01/01/2018	Accendo Insurance Company	UT	QA/I	MD	416,270,651	(19,507,554)	0	0	0	0	0
63444	06-1566092	01/01/2018	Accendo Insurance Company	UT	QA/G	MD	32,351,412	0	0	0	0	0	0
0299999. General Account - authorized U.S. affiliates - other							448,622,063	(19,507,554)	0	0	0	0	0
0399999. Total General Account - authorized U.S. affiliates							448,622,063	(19,507,554)	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							448,622,063	(19,507,554)	0	0	0	0	0
1099999. Total General Account - authorized non-affiliates							0	0	0	0	0	0	0
1199999. Total General Account authorized							448,622,063	(19,507,554)	0	0	0	0	0
1499999. Total General Account - unauthorized U.S. affiliates							0	0	0	0	0	0	0
00000	AA-3190173	01/01/2011	CVS Caremark Indemnity, Ltd.	BMJ	QA/I	MD	1,248,294,319	(58,522,661)	0	0	0	0	0
00000	AA-3190173	01/01/2011	CVS Caremark Indemnity, Ltd.	BMJ	QA/G	MD	97,571,873	0	0	0	0	0	0
1599999. General Account - unauthorized non-U.S. affiliates - captive							1,345,866,192	(58,522,661)	0	0	0	0	0
1799999. Total General Account - unauthorized non-U.S. affiliates							1,345,866,192	(58,522,661)	0	0	0	0	0
1899999. Total General Account - unauthorized affiliates							1,345,866,192	(58,522,661)	0	0	0	0	0
00000	AA-3770333	01/01/2023	Fresenius Medical Care Reinsurance Co. (Cayman) LTD	CYM	QA/I	NR	36,782,354	0	0	0	0	0	0
2099999. General Account - unauthorized non-U.S. non-affiliates							36,782,354	0	0	0	0	0	0
2199999. Total General Account - unauthorized non-affiliates							36,782,354	0	0	0	0	0	0
2299999. Total General Account unauthorized							1,382,648,546	(58,522,661)	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							1,831,270,609	(78,030,215)	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)							448,622,063	(19,507,554)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
9299999	Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						1,382,648,546	(58,522,661)	0	0	0	0	0
9999999	Totals						1,831,270,609	(78,030,215)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999			Total General Account - life and annuity U.S. affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0699999			Total General Account - life and annuity non-U.S. affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0799999			Total General Account - life and annuity affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1099999			Total General Account - life and annuity non-affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1199999			Total General Account life and annuity	0	0	0	0	0	XXX	0	0	0	0	0
1499999			Total General Account - accident and health U.S. affiliates	0	0	0	0	0	XXX	0	0	0	0	0
...00000	AA-3190173	01/01/2011	CVS Caremark Indemnity, Ltd.	0	11,246,213	(77,247,415)	(66,001,202)	0	XXX	0	0	0	0	(66,001,202)
1599999			General Account - accident and health non-U.S. affiliates - captive	0	11,246,213	(77,247,415)	(66,001,202)	0	XXX	0	0	0	0	(66,001,202)
1799999			Total General Account - accident and health non-U.S. affiliates	0	11,246,213	(77,247,415)	(66,001,202)	0	XXX	0	0	0	0	(66,001,202)
1899999			Total General Account - accident and health affiliates	0	11,246,213	(77,247,415)	(66,001,202)	0	XXX	0	0	0	0	(66,001,202)
...00000	AA-3770333	01/01/2023	Fresenius Medical Care Reinsurance Co. (Cayman) LTD	0	2,993,126	0	2,993,126	0	XXX	0	0	0	0	0
2099999			General Account - accident and health non-U.S. non-affiliates	0	2,993,126	0	2,993,126	0	XXX	0	0	0	0	0
2199999			Total General Account - accident and health non-affiliates	0	2,993,126	0	2,993,126	0	XXX	0	0	0	0	0
2299999			Total General Account accident and health	0	14,239,339	(77,247,415)	(63,008,076)	0	XXX	0	0	0	0	(66,001,202)
2399999			Total General Account	0	14,239,339	(77,247,415)	(63,008,076)	0	XXX	0	0	0	0	(66,001,202)
2699999			Total Separate Accounts - U.S. affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2999999			Total Separate Accounts - non-U.S. affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3099999			Total Separate Accounts - affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3399999			Total Separate Accounts - non-affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3499999			Total Separate Accounts	0	0	0	0	0	XXX	0	0	0	0	0
3599999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)	0	0	0	0	0	XXX	0	0	0	0	0
3699999			Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)	0	14,239,339	(77,247,415)	(63,008,076)	0	XXX	0	0	0	0	(66,001,202)
9999999			Totals	0	14,239,339	(77,247,415)	(63,008,076)	0	XXX	0	0	0	0	(66,001,202)

(a)

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

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	1,794,488	542,069	394,577	397,673	413,374
2. Title XVIII - Medicare	36,782	31,151	8,552	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	69,372	76,698	78,884	81,199	81,822
5. Total hospital and medical expenses	1,608,405	591,682	275,596	270,900	287,768
B. BALANCE SHEET ITEMS					
6. Premiums receivable	10,266	7,737	6,678	5,535	5,394
7. Claims payable	17,988	2,581	772	0	0
8. Reinsurance recoverable on paid losses	0	0	0	0	0
9. Experience rating refunds due or unpaid	(78,030)	(97,214)	(14,650)	(16,092)	(6,122)
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	3,961	3,205	1,851	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	842,252,272	0	842,252,272
2. Accident and health premiums due and unpaid (Line 15)	454,611,187	88,296,211	542,907,398
3. Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4. Net credit for ceded reinsurance	XXX	(129,334,562)	(129,334,562)
5. All other admitted assets (Balance)	3,381,063,783	(63,275,242)	3,317,788,541
6. Total assets (Line 28)	4,677,927,242	(104,313,593)	4,573,613,649
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	258,129,601	17,988,077	276,117,678
8. Accrued medical incentive pool and bonus payments (Line 2)	56,039,176	673,655	56,712,831
9. Premiums received in advance (Line 8)	49,091,343	9,352,363	58,443,706
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	3,961,000	(3,961,000)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	2,989,573,762	(128,366,688)	2,861,207,074
15. Total liabilities (Line 24)	3,356,794,882	(104,313,593)	3,252,481,289
16. Total capital and surplus (Line 33)	1,321,132,464	XXX	1,321,132,464
17. Total liabilities, capital and surplus (Line 34)	4,677,927,346	(104,313,593)	4,573,613,753
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	17,988,077		
19. Accrued medical incentive pool	673,655		
20. Premiums received in advance	9,352,363		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	63,275,242		
23. Total ceded reinsurance recoverables	91,289,337		
24. Premiums receivable	88,296,211		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	3,961,000		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	128,366,688		
30. Total ceded reinsurance payables/offsets	220,623,899		
31. Total net credit for ceded reinsurance	(129,334,562)		

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

Allocated by States and Territories

States, Etc.		Direct Business Only					6 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 SilverScript Insurance Company

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0001	CVS HEALTH GROUP		05-0494040		0000064803	NYSE	CVS Health Corporation	DE	UIP	Board of Directors	Board of Directors	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	63444	06-1566092				Accendo Insurance Company	UT	IA	Part D Holding Company, L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	12575	20-2833904				SilverScript Insurance Company	TN	RE	Part D Holding Company, L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	05-0340626				CVS Pharmacy, Inc.	RI	UIP	CVS Health Corporation	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Halo Holdco I, Inc.	DE	NIA	CVS Pharmacy, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Halo Holdco II, Inc.	DE	NIA	Halo Holdco I, Inc.	Ownership	65.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	05-0340626				Halo Holdco II, Inc.	DE	NIA	CVS Pharmacy, Inc.	Ownership	35.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Oak Street Health, Inc.	DE	NIA	Halo Holdco II, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-8404182				Caremark Rx, L.L.C.	DE	UIP	CVS Pharmacy, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	61-1715010				Part D Holding Company, L.L.C.	DE	UDP	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	33-1113587				CVS Caremark Part D Services, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	87-0548860				RxAmerica, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	11-2580136				Caremark Ulysses Holding Corporation	NY	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	87-0804047				MemberHealth, L.L.C.	DE	NIA	Caremark Ulysses Holding Corporation	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	05-0500188				CVS Caremark Indemnity, Ltd.	BMU	IA	CVS Foreign, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	27-1298765				UAC Holding, Inc.	DE	NIA	Caremark Ulysses Holding Corporation	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	05-0497953				CVS Foreign, Inc.	NY	NIA	CVS Health Corporation	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	58-2160656				Coram Clinical Trials, Inc.	DE	NIA	CVS Pharmacy, Inc.	Ownership	75.000	CVS Health Corporation	NO	6
.0001	CVS HEALTH GROUP	00000	23-2229683	3060706	0001122304		Aetna Inc.	PA	NIA	CVS Pharmacy, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	30-0123754				Aetna Health Holdings, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	95-3402799				Aetna Health of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95935	23-2442048				Aetna Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95088	59-2411584				Aetna Health Inc.	FL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95094	58-1649568				Aetna Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95517	01-0504252				Aetna Health Inc.	ME	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95756	23-2861565				Aetna Health of Michigan Inc.	MI	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95287	52-1270921				Aetna Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95234	22-2663623				Aetna Health Inc.	NY	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	14408	45-2634734				Aetna Better Health Inc.	NY	IA	Aetna Health Inc. (NY)	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95490	76-0189680				Aetna Health Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95040	74-1844335				Aetna Better Health of Texas Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	12328	20-2207534				Aetna Better Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	06-1160812				Aetna Dental of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	11183	22-2990909				Aetna Dental Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95910	06-1177531				Aetna Dental Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	13-3670795				Aetna Health Management, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-1274723				Cofinity, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	23-2671370				@Credentials Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	13735	27-0563973				Aetna Better Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	13174	26-2867560				Aetna Better Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	47-5178095				Aetna Better Health of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	14043	27-2512072				Aetna Better Health Premier Plan MMAI Inc.	IL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	15805	47-3850677				Aetna Health of Ohio Inc.	OH	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	15616	80-0629718				Aetna Better Health, Inc.	LA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	80-0671703				Aetna Florida Inc.	FL	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	14229	45-2764938				Aetna Better Health Inc.	OH	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	15611	46-3203088				Aetna Better Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	15919	81-1143850				Aetna Better Health of Oklahoma Inc.	OK	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	04-2708160				Aetna Student Health Agency Inc.	MA	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0001	CVS HEALTH GROUP	00000	73-1702453				Delaware Physicians Care, Incorporated	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	01-0826783				Schaller Anderson Medical Administrators, Incorporated	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	86-0842559				Aetna Medicaid Administrators LLC	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	45-2944270				iTriage, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	16-1471176				Prodigy Health Group, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	0.200	CVS Health Corporation	NO	2
.0001	CVS HEALTH GROUP	00000	74-2879984				Medical Examinations of New York, P.C.	NY	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	11
.0001	CVS HEALTH GROUP	00000	45-5527797				Innovation Health Holdings, LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	15097	46-0674828				Innovation Health Insurance Company	VA	IA	Innovation Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	15098	46-0682197				Innovation Health Plan, Inc.	VA	IA	Innovation Health Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95109	23-2169745				Aetna Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	YES	0
.0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Inc. (PA)	Ownership	39.500	CVS Health Corporation	NO	2
.0001	CVS HEALTH GROUP	00000	20-0438576				Niagara Re, Inc.	NY	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	52-2200070				Performax, Inc.	DE	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	87-0632355				Scrip World, LLC	UT	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	27-1760756				Precision Benefit Services, Inc.	DE	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	31-1368946				American Health Holding, Inc.	OH	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	16-1264154				Meritain Health, Inc.	NY	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	86-0537707				Adminco, Inc.	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	86-0527428				Administrative Enterprises, Inc.	AZ	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	16-1684061				U.S. Healthcare Holdings, LLC	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	34-1670299				Prime Net, Inc.	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	34-1348032				Professional Risk Management, Inc.	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	68500	62-1181209				Continental Life Insurance Company of Brentwood, Tennessee	TN	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	12321	20-2901054				American Continental Insurance Company	TN	IA	Continental Life Insurance Company of Brentwood, Tennessee	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	60054	06-6033492				Aetna Life Insurance Company	CT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	YES	0
.0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Life Insurance Company	Ownership	60.300	CVS Health Corporation	NO	2
.0001	CVS HEALTH GROUP	00000	06-1270755				AHP Holdings, Inc.	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	06-1028469				AE Fourteen, Incorporated	CT	NIA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	06-1373153				Aetna Life Assignment Company	CT	NIA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-3678339				PE Holdings, LLC	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	06-1423207				Aetna Resources L.L.C.	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	06-1423207				Canal Place, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	20-3180700				Aetna Ventures, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	58-2160656				Coram Clinical Trials, Inc.	DE	NIA	Aetna Life Insurance Company	Ownership	25.000	CVS Health Corporation	NO	6
.0001	CVS HEALTH GROUP	00000	85-3918720				CVS Cabot Holdings Inc.	DE	NIA	Coram Clinical Trials, Inc.	Ownership	99.720	CVS Health Corporation	NO	7
.0001	CVS HEALTH GROUP	00000	85-3918567				CVS Shaw Holdings Inc.	DE	NIA	Coram Clinical Trials, Inc.	Ownership	99.720	CVS Health Corporation	NO	8
.0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NIA	CVS Cabot Holdings Inc	Ownership	49.860	CVS Health Corporation	NO	9
.0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NIA	CVS Shaw Holdings Inc	Ownership	49.860	CVS Health Corporation	NO	9
.0001	CVS HEALTH GROUP	00000	41-2035961				Aetna Financial Holdings, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	26-2030792				Aetna Asset Advisors, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	23-2354500				U.S. Healthcare Properties, Inc.	PA	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	38-3704481				Aetna Capital Management, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	32-0786680				Aetna Equity Fund LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	11-3667142		0001314522		Aetna Partners Diversified Fund, LLC	DE	NIA	Aetna Capital Management, LLC	Ownership	100.000	CVS Health Corporation	NO	1
.0001	CVS HEALTH GROUP	00000	20-0446676				Aetna Workers' Comp Access, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0001	CVS HEALTH GROUP	00000	20-0446713				Aetna Behavioral Health, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	23-2670015				Managed Care Coordinators, Inc.	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	59-3269144				Horizon Behavioral Services, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	61-1193498				Employee Assistance Services, LLC	KY	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	33-0052273				Health and Human Resource Center, Inc.	CA	IA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	75-2420973				Resources for Living, LLC	TX	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	36-3681261				The Vasquez Group Inc.	IL	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	22-3178125				Work and Family Benefits, Inc.	NJ	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	27-1773021				FairCost LLC	CT	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	78700	06-0876836				Aetna Health and Life Insurance Company	CT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	72052	23-2710210				Aetna Health Insurance Company	PA	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	84450	57-0805126				Aetna Health Insurance Company of New York	NY	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	06-1571642				Aetna International LLC	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	98-0211470				Aetna Life & Casualty (Bermuda) Ltd.	BMU	IA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Bermuda) Limited	BMU	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Global Benefits Limited	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					PT Aetna Global Benefits Indonesia	IDN	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Middle East) LLC	ARE	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (UK) Limited	GBR	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Insurance Company Limited	GBR	IA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna Health Company of Europe DAC	IRL	IA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000					Aetna (Shanghai) Enterprise Services Co. Ltd.	CHN	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	22-2578985				AUSHC Holdings, Inc.	CT	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	06-1182176				PHPSNE Parent Corporation	DE	NIA	AUSHC Holdings, Inc.	Ownership	55.000	CVS Health Corporation	NO	3
.0001	CVS HEALTH GROUP	00000	52-2182411				Active Health Management, Inc.	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	47-0970432				Health Data & Management Solutions, Inc.	DE	NIA	Active Health Management, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	13980	27-2192415				Health Re, Inc.	VT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	81-0579372				Phoenix Data Solutions LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	51-0029326				ASI Wings, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	47-4556274				Echo Merger Sub, Inc.	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	47-4547145				Aetna Corporate Services, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	85-3918720				CVS Cabot Holdings Inc.	DE	NIA	Aetna Inc.	Ownership	0.280	CVS Health Corporation	NO	7
.0001	CVS HEALTH GROUP	00000	85-3918567				CVS Shaw Holdings Inc.	DE	NIA	Aetna Inc.	Ownership	0.280	CVS Health Corporation	NO	8
.0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NIA	Aetna Inc.	Ownership	0.280	CVS Health Corporation	NO	9
.0001	CVS HEALTH GROUP	81973	75-1296086				Coventry Health and Life Insurance Company	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	15761	47-3279217				Aetna Better Health of Kentucky Insurance Company	KY	IA	Coventry Health and Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	81-4345344				Aetna Network Services LLC	CT	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95241	42-1244752				Aetna Health of Iowa Inc.	IA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95925	42-1308659				Coventry Health Care of Nebraska, Inc.	NE	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	47-2049117				Aetna Risk Assurance Company of Connecticut Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	95173	74-2381406				Aetna Health Inc.	LA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	00000	47-0854096				Coventry Prescription Management Services, Inc.	NV	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	16148	81-3564875				Aetna Better Health of Nevada Inc.	NV	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	96555	54-1576305				Coventry Health Care of Virginia, Inc.	VA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	96377	43-1372307				Coventry Health Care of Missouri, Inc.	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

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

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.0001	CVS HEALTH GROUP	95318	43-1702094				Aetna Better Health of Missouri LLC	..MO.....	..IA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	95408	55-0712129				Coventry Health Care of West Virginia, Inc.	..WV.....	..IA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	00000	62-1411933				Coventry HealthCare Management Corporation	..DE.....	..NIA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	15827	47-4352768				Aetna HealthAssurance Pennsylvania, Inc.	..PA.....	..IA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	95489	48-0840330				Coventry Health Care of Kansas, Inc.	..KS.....	..IA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	16072	81-3370401				Aetna Better Health of Kansas Inc.	..KS.....	..IA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	12193	20-1052897				Aetna Better Health of Michigan Inc.	..MI.....	..IA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	95407	87-0345631				Aetna Health of Utah Inc.	..UT.....	..IA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	00000	20-4416606				Aetna Better Health of Tennessee Inc.	..TN.....	..NIA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	74160	37-1241037				Coventry Health Care of Illinois, Inc.	..IL.....	..IA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
							Coventry Health Care National Accounts, Inc.									
.0001	CVS HEALTH GROUP	00000	20-8070994						..DE.....	..NIA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0
.0001	CVS HEALTH GROUP	00000	20-5185442				Coventry Health Care National Network, Inc.	..DE.....	..NIA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	00000	26-1293772				Coventry Consumer Advantage, Inc.	..DE.....	..NIA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	00000	20-1736437				First Health Group Corp.	..DE.....	..NIA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
							First Health Life & Health Insurance Company									
.0001	CVS HEALTH GROUP	90328	38-2242132					..TX.....	..IA.....	First Health Group Corp.	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	00000	91-1832429				First Choice of the Midwest LLC	..SD.....	..NIA.....	First Health Group Corp.	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	00000	52-1320522				Claims Administration Corp.	..MD.....	..NIA.....	First Health Group Corp.	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	00000	20-1130063				Florida Health Plan Administrators, LLC	..FL.....	..NIA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	95114	65-0986441				Aetna Better Health of Florida Inc.	..FL.....	..IA.....	Florida Health Plan Administrators, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	95266	84-4152759				Hella Group LLC	..NY.....	..NIA.....	Florida Health Plan Administrators, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	00000	86-3013502				Audomo Insurance Services LLC	..DE.....	..NIA.....	Hella Group LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	00000	88-1714855				Hella Media LLC	..DE.....	..NIA.....	Hella Group LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	00000	59-3750548				Attain Insurance Services Inc.	..FL.....	..NIA.....	Florida Health Plan Administrators, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	00000	26-1582982				MHNet Specialty Services, LLC	..MD.....	..NIA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	00000	37-1448790				Mental Health Network of New York IPA, Inc.	..NY.....	..NIA.....	MHNet Specialty Services, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	00000	72-1106596				Mental Health Associates, Inc.	..LA.....	..NIA.....	MHNet Specialty Services, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	16242	81-5030233				Aetna Better Health of Washington, Inc.	..WA.....	..IA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
							Banner Health and Aetna Health Insurance Holding Company LLC									
.0001	CVS HEALTH GROUP	00000	81-5212760					..DE.....	..NIA.....	Aetna ACO Holdings, Inc.	Ownership.....	50.000	CVS Health Corporation	..NO.....	4	
							Banner Health and Aetna Health Insurance Holding Company									
.0001	CVS HEALTH GROUP	16058	81-5281115					..AZ.....	..IA.....	Banner Health and Aetna Health Insurance Holding Company LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
							Banner Health and Aetna Health Insurance Company									
.0001	CVS HEALTH GROUP	16059	81-5290023					..AZ.....	..IA.....	Banner Health and Aetna Health Insurance Company	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
							Allina Health and Aetna Health Insurance Holding Company LLC									
.0001	CVS HEALTH GROUP	00000	81-5112888					..DE.....	..NIA.....	Aetna ACO Holdings, Inc.	Ownership.....	50.000	CVS Health Corporation	..NO.....	5	
							Allina Health and Aetna Health Insurance Holding Company LLC									
.0001	CVS HEALTH GROUP	16194	82-2091197					..MN.....	..IA.....	Allina Health and Aetna Health Insurance Holding Company LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
							Allina Health and Aetna Insurance Company									
.0001	CVS HEALTH GROUP	17352	87-2843387					..MN.....	..IA.....	Allina Health and Aetna Health Insurance Holding Company LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
							Allina Health and Aetna Health Plan Inc.									
.0001	CVS HEALTH GROUP	00000	82-2171057					..DE.....	..NIA.....	Sutter Health and Aetna Insurance Holding Company LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
							Sutter Health and Aetna Administrative Services LLC									
.0001	CVS HEALTH GROUP	00000	82-2560624					..DE.....	..NIA.....	Sutter Health and Aetna Insurance Holding Company LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
							Sutter Health and Aetna Insurance Company									
.0001	CVS HEALTH GROUP	16979	82-2567822					..CA.....	..IA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	16558	82-3333789					..NC.....	..IA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	14053	27-2186150					..IL.....	..IA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	00000	87-3223066					..IN.....	..NIA.....	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation	..NO.....	0	
.0001	CVS HEALTH GROUP	00000					CVS Health Venture Fund, LP	..DE.....	..NIA.....	Aetna Life Insurance Company	Ownership.....	100.000	CVS Health Corporation	..NO.....	10	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0001	CVS HEALTH GROUP						Oak Street Health MSO, LLC	IL	NIA	Oak Street Health, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP						Oak Street Health, LLC	IL	NIA	Oak Street Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP						Oak Street Health, Inc.	DE	NIA	Halo Holdco II, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP						Nova MSO 2025, LLC	DE	NIA	Oak Street Health MSO, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP						Nova MSO 2024, LLC	DE	NIA	Oak Street Health MSO, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP						Oak Street Health IPA NY, LLC	NY	NIA	Oak Street Health MSO, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP						Oak Street Health Medical Partners LLC	IL	NIA	Oak Street Health MSO, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP	17852	86-28343304				Acorn Network LLC	IL	NIA	Oak Street Health MSO, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP						OSH-NJ LODS LLC	NJ	IA	Oak Street Health MSO, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP						OSH-EBC Joint Venture, LLC	IL	NIA	Oak Street Health MSO, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP						OSH-RI LLC	RI	NIA	Oak Street Health MSO, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP						OSH-PCJ Joliet LLC	IL	NIA	Oak Street Health MSO, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP						RubiconMD Holdings, Inc.	DE	NIA	Oak Street Health MSO, LLC	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP						RubiconMD, Inc.	DE	NIA	RubiconMD Holdings, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
.0001	CVS HEALTH GROUP						RubiconMD MSO, LLC	DE	NIA	RubiconMD Holdings, Inc.	Ownership	100.000	CVS Health Corporation	NO	0

Asterisk	Explanation
1	Aetna Capital Management, LLC is the managing member of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain other subsidiaries of CVS Health Group invest in this fund, which does not confer any managing or controlling ownership interests in APDF. Aetna Life Insurance Company is the largest investor in APDF and currently owns a majority of the non-managing member interests of APDF.
2	Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
3	PHPSNE Parent Corporation is 55% owned by AUSHC Holdings, Inc. The remaining 45% is owned by thirteen different hospitals (non-affiliates) which are shareholders with varying degrees of ownership.
4	Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.
5	Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health System.
6	Coram Clinical Trials, Inc. is 75% owned by CVS Pharmacy, Inc. and 25% owned by Aetna Life Insurance Company.
7	CVS Cabot Holdings Inc is owned 99.72% by Coram Clinical Trials, Inc. and 0.28% owned by Aetna Inc.
8	CVS Shaw Holdings Inc is owned 99.72% by Coram Clinical Trials, Inc. and 0.28% owned by Aetna Inc.
9	Omnicare, LLC is 0.28% owned by Aetna Inc. The Company is also owned by CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc., with 49.86% each ownership.
10	CVS Health Venture Fund, LP is also 0.1% owned by CVS Health Ventures Fund GP, LLC
11	Medical Examinations of New York, P.C. is owned via a nominee.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
63444	06-1566092	Accendo Insurance Company		135,000,000			(146,496,788)	32,092,271			20,595,483	(22,000,401)
00000	45-4901541	Aetna ACO Holdings, Inc.					73,888				73,888	
00000	20-0446713	Aetna Behavioral Health, LLC					65,220				65,220	
12328	20-2207534	Aetna Better Health Inc (a Georgia Corporation)					25,283,540				25,283,540	
15611	46-3203088	Aetna Better Health Inc. (a New Jersey corporation)					(87,761,097)				(87,761,097)	
14408	45-2634734	Aetna Better Health Inc. (a New York corporation)			881,887		(33,923,734)				(33,041,847)	
13735	27-0563973	Aetna Better Health Inc. (a Pennsylvania corporation)					(214,438)				(214,438)	
14229	45-2764938	Aetna Better Health Inc. (an Ohio corporation)			3,982,715		(178,114,617)				(174,131,902)	
00000	47-5178095	Aetna Better Health of California Inc.					(13,305,024)				(13,305,024)	
95114	65-0986441	Aetna Better Health of Florida Inc.					(123,049,803)				(123,049,803)	
14053	27-2186150	Aetna Better Health of Illinois Inc.	(60,000,000)				(320,902,835)				(380,902,835)	
16072	81-3370401	Aetna Better Health of Kansas Inc.	(250,000,000)		(4,165,709)		(15,588,117)				(269,753,826)	
15761	47-3279217	Aetna Better Health of Kentucky Insurance Company			3,488,436		(150,548,282)				(147,059,846)	
12193	20-1052897	Aetna Better Health of Michigan Inc.					(42,284,469)				(42,284,469)	
95318	43-1702094	Aetna Better Health of Missouri LLC					280,640				280,640	
16558	82-3333789	Aetna Better Health of North Carolina Inc.					(46,666)				(46,666)	
15919	81-1143850	Aetna Better Health of Oklahoma Inc.					(96,453,552)				(96,453,552)	
95040	74-1844335	Aetna Better Health of Texas, Inc.			942,573		(68,722,367)				(67,779,794)	
16242	81-5030233	Aetna Better Health of Washington, Inc.					2,397,103				2,397,103	
14043	27-2512072	Aetna Better Health Premier Plan MMAI Inc.	(40,000,000)				(39,587,607)				(79,587,607)	
13174	26-2867560	Aetna Better Health, Inc. (a Connecticut Corporation)					(28,987)				(28,987)	
15616	80-0629718	Aetna Better Health, Inc. (a Louisiana corporation)			2,560,317		(71,938,989)				(69,378,672)	
11183	22-2990909	Aetna Dental Inc. (a New Jersey corporation)					(1,043,347)				(1,043,347)	
95910	06-1177531	Aetna Dental Inc. (a Texas corporation)					(6,158,118)	(41,746)			(6,199,864)	
00000	06-1160812	Aetna Dental of California Inc.					(3,760,882)				(3,760,882)	
00000	32-0786680	Aetna Equity Fund LLC			(284,385,710)						(284,385,710)	
78700	06-0876836	Aetna Health and Life Insurance Company			4,374,163		(55,051,635)				(50,677,472)	
00000	30-0123754	Aetna Health Holdings, LLC	390,000,000	(248,384,831)							141,615,169	
95935	23-2442048	Aetna Health Inc. (a Connecticut corporation)		25,000,000	330,771		18,868,381				44,199,152	
95088	59-2411584	Aetna Health Inc. (a Florida corporation)					(135,638,583)				(135,638,583)	
95094	58-1649568	Aetna Health Inc. (a Georgia corporation)					(16,771,642)				(16,771,642)	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95517	01-0504252	Aetna Health Inc. (a Maine corporation)		15,000,000			2,211,949				17,211,949	
95287	52-1270921	Aetna Health Inc. (a New Jersey corporation)					(24,664,714)				(24,664,714)	
95234	22-2663623	Aetna Health Inc. (a New York corporation)			2,190,493		104,966,852				107,157,345	
95109	23-2169745	Aetna Health Inc. (a Pennsylvania corporation)		(26,615,169)	5,170,439		(179,151,410)	(460,166)			(201,056,306)	289,123
95490	76-0189680	Aetna Health Inc. (a Texas corporation)		100,000,000	1,163,002		59,508,250				160,671,252	
95173	74-2381406	Aetna Health Inc. (LA)					(1,418,772)				(1,418,772)	
72052	23-2710210	Aetna Health Insurance Company		125,000,000			(130,245,958)	206,658			(5,039,300)	
84450	57-0805126	Aetna Health Insurance Company of New York					117,763				117,763	
00000	13-3670795	Aetna Health Management, LLC			(1,060,490)		(4,240,491,757)				(4,241,552,247)	
00000	95-3402799	Aetna Health of California Inc.			1,462,532		(63,949,266)				(62,486,734)	
95241	42-1244752	Aetna Health of Iowa Inc.					1,117,549				1,117,549	
95756	23-2861565	Aetna Health of Michigan Inc.					4,459,565				4,459,565	
15805	47-3850677	Aetna Health of Ohio Inc.					23,207,427				23,207,427	
95407	87-0345631	Aetna Health of Utah Inc.		135,000,000			(26,940,446)				108,059,554	
15827	47-4352768	Aetna HealthAssurance Pennsylvania Inc.					(1,511,883)				(1,511,883)	
00000	23-2229683	Aetna Inc.	1,165,594,855	(241,008,502)			3,503,617				928,089,970	
00000	98-0211470	Aetna Life & Casualty (Bermuda) Ltd.					(1,697,513)				(1,697,513)	
60054	06-6033492	Aetna Life Insurance Company	(1,090,594,855)	31,008,502	780,948,693		2,648,869,557	77,282,469			2,447,514,366	1,448,397,653
00000	86-0842559	Aetna Medicaid Administrators, LLC					1,464,760,856				1,464,760,856	
00000	11-3667142	Aetna Partners Diversified Fund, LLC			(628,342,410)						(628,342,410)	
00000	06-1423207	Aetna Resources LLC					3,024,629,911				3,024,629,911	
00000	20-3180700	Aetna Ventures, LLC			(1,173,909)						(1,173,909)	
00000	87-2843387	Allina Health and Aetna Health Plan Inc.					(12,311)				(12,311)	
16194	82-2091197	Allina Health and Aetna Insurance Company		22,500,000			89,602	(164,912)			22,424,690	
00000	81-5112888	Allina Health and Aetna Insurance Holding Company LLC		(22,500,000)							(22,500,000)	
12321	20-2901054	American Continental Insurance Company					(25,568,050)				(25,568,050)	
16058	81-5281115	Banner Health and Aetna Health Insurance Company		(20,600,000)			(62,021,600)	3,019,324			(79,602,276)	(21,600,720)
00000	81-5212760	Banner Health and Aetna Health Insurance Holding Company LLC		(55,200,000)			(4,276,360)				(59,476,360)	
16059	81-5290023	Banner Health and Aetna Health Plan Inc.		75,800,000			14,040,170	(1,541,601)			88,298,569	(289,123)
68500	20-8404182	Caremark Rx., LLC					(68,148)				(68,148)	
68500	62-1181209	Continental Life Insurance Company of Brentwood, Tennessee					(200,951,851)				(200,951,851)	
81973	75-1296086	Coventry Health and Life Insurance Company			6,896,544		(44,299,664)				(37,403,120)	
74160	37-1241037	Coventry Health Care of Illinois, Inc.			667,130		(15,094,471)				(14,427,341)	
95489	48-0840330	Coventry Health Care of Kansas, Inc.					14,694,176				14,694,176	
96377	43-1372307	Coventry Health Care of Missouri, Inc.			1,394,427		(43,547,458)				(42,153,031)	

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95925	42-1308659	Coventry Health Care of Nebraska, Inc.					(776,892)				(776,892)	
96555	54-1576305	Coventry Health Care of Virginia, Inc.					(235,458,156)				(235,458,156)	
95408	55-0712129	Coventry Health Care of West Virginia, Inc.	(40,000,000)		2,217,671		(98,983,097)				(136,765,426)	
00000	05-0500188	CVS Caremark Indemnity, Ltd.						96,274,417			96,274,417	(66,001,201)
00000	33-1113587	CVS Caremark Part D Services, LLC					(3,359,699,365)				(3,359,699,365)	
00000	05-0494040	CVS Health Corporation					(81,463,614)			1,564,400,000	1,482,936,386	
00000		CVS Health Ventures II, LP			19,397,368						19,397,368	
00000		CVS Health Ventures, LP			24,580,037						24,580,037	
00000		CVS Indemnity			54,466,905						54,466,905	
00000		CVS Pharmacy					4,521,921				4,521,921	
90328	38-2242132	First Health Life & Health Insurance Company					(1,021,236)				(1,021,236)	
00000	33-0052273	Health and Human Resources Center, Inc.			1,060,490		(7,671,038)				(6,610,548)	
13980	27-2192415	Health Re, Inc.	(75,000,000)	85,000,000	951,635		(100,000)	(78,300,026)			(67,448,391)	(1,426,796,933)
00000	45-5527797	Innovation Health Holdings, LLC		(7,700,000)							(7,700,000)	
15097	46-0674828	Innovation Health Insurance Company		(9,300,000)			(24,623,213)				(33,923,213)	
15098	46-0682197	Innovation Health Plan, Inc.		17,000,000			(2,393,910)				14,606,090	
00000	16-1264154	Meritain Health, Inc.					(8,059,107)				(8,059,107)	
00000		Oak Street Health MSO, LLC		(3,500,000)							(3,500,000)	
17852	86-2834304	OSH-NJ LODS LLC		3,500,000			(638)				3,499,362	
00000		OSH-NJ Physicians Group, PC					1,158				1,158	
00000	61-1715010	Part D Holding Company, LLC		(135,000,000)							(135,000,000)	
12575	20-2833904	SilverScript Insurance Co.					3,075,886,682	(128,366,688)		(1,564,400,000)	1,383,119,994	88,001,602
00000	82-2171057	Sutter Health and Aetna Health Insurance Holding Company LLC					44,779				44,779	
16979	82-2567822	Sutter Health and Aetna Insurance Company					(47,079)				(47,079)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

SCHEDULE Y

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

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company

SCHEDULE Y

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

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

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

SUPPLEMENTAL FILINGS

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

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

Bar Codes:

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



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



21. Life Supplement [Document Identifier 211]





SUPPLEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	SLVDTC19A	A	NO	0034000	04/06/2023				Medicare Supplement Insurance	0	0	0.0	0	384	38	9.8	0
YES	SLVDTC19F	F	NO	0034000	04/06/2023				Medicare Supplement Insurance	0	0	0.0	0	127,430	100,556	78.9	66
YES	SLVDTC19G	G	NO	0034000	04/06/2023				Medicare Supplement Insurance	0	0	0.0	0	195,076	223,266	114.5	177
YES	SLVDTC19N	N	NO	0034000	04/06/2023				Medicare Supplement Insurance	0	0	0.0	0	74,813	56,562	75.6	75
0199999. Total experience on individual policies										0	0	0.0	0	397,703	380,422	95.7	318

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	SLVDTC23A	A	NO	0034000	04/06/2023				Medicare Supplement Insurance	0	0	0.0	0	0	0.0	0	
YES	SLVDTC23F	F	NO	0034000	04/06/2023				Medicare Supplement Insurance	0	0	0.0	0	21,388	33,049	154.5	8
YES	SLVDTC23G	G	NO	0034000	04/06/2023				Medicare Supplement Insurance	0	0	0.0	0	22,436	14,855	66.2	8
YES	SLVDTC23N	N	NO	0034000	04/06/2023				Medicare Supplement Insurance	0	0	0.0	0	46,576	23,656	50.8	31
0199999. Total experience on individual policies										0	0	0.0	0	90,400	71,560	79.2	47

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022			Policies Issued in 2023; 2024; 2025				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	SLVDTTC19A	A	NO	0034000	04/06/2023				Medicare Supplement Insurance	0	0	0.0	0	406	0	0.0	1
YES	SLVDTTC19F	F	NO	0034000	04/06/2023				Medicare Supplement Insurance	3,744	2,484	66.4	2	145,578	170,565	117.2	92
YES	SLVDTTC19G	G	NO	0034000	04/06/2023				Medicare Supplement Insurance	1,460	569	39.0	1	252,331	474,757	188.1	246
YES	SLVDTTC19N	N	NO	0034000	04/06/2023				Medicare Supplement Insurance	0	0	0.0	0	50,058	36,221	72.4	56
0199999. Total experience on individual policies										5,204	3,054	58.7	3	448,374	681,544	152.0	395

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	SLVDT23A	A	NO	0034000	04/06/2023				Medicare Supplement Insurance	0	0	0.0	0	0	0	0.0	0
YES	SLVDT23F	F	NO	0034000	04/06/2023				Medicare Supplement Insurance	0	0	0.0	0	0	0	0.0	0
YES	SLVDT23G	G	NO		04/06/2023				Medicare Supplement Insurance	0	0	0.0	0	6,185	8,252	133.4	3
YES	SLVDT23N	N	NO		04/06/2023				Medicare Supplement Insurance	0	0	0.0	0	1,910	273	14.3	3
0199999. Total experience on individual policies										0	0	0.0	0	8,095	8,525	105.3	6

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2025 OF THE SilverScript Insurance Company
MEDICARE PART D COVERAGE SUPPLEMENT
 (Net of Reinsurance)

NAIC Group Code 0001

(To Be Filed by March 1)

NAIC Company Code 12575

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With reinsurance coverage	6,175,340,583	XXX	503,185,915	XXX	6,678,526,498
1.12 Without reinsurance coverage	0	XXX	0	XXX	0
1.13 Risk-corridor payment adjustments	452,613,760	XXX	0	XXX	452,613,760
1.2 Supplemental benefits	(10,710)	XXX	0	XXX	(10,710)
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With reinsurance coverage	3,840,476	XXX	15,486,857	XXX	XXX
2.12 Without reinsurance coverage	0	XXX	0	XXX	XXX
2.2 Supplemental benefits	8	XXX	0	XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With reinsurance coverage	3,925,901	XXX	309,432	XXX	XXX
3.12 Without reinsurance coverage	0	XXX	0	XXX	XXX
3.2 Supplemental benefits	0	XXX	0	XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable	(76,736,125)	XXX	0	XXX	XXX
4.2 Payable	25,589,242	XXX	0	XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With reinsurance coverage	6,175,255,158	XXX	518,363,340	XXX	XXX
5.12 Without reinsurance coverage	0	XXX	0	XXX	XXX
5.13 Risk-corridor payment adjustments	401,466,877	XXX	0	XXX	XXX
5.2 Supplemental benefits	(10,702)	XXX	0	XXX	XXX
6. Total premiums	6,576,711,333	XXX	518,363,340	XXX	7,131,129,548
7. Claims Paid					
7.1 Standard Coverage					
7.11 With reinsurance coverage	5,868,597,264	XXX	425,298,669	XXX	6,293,895,933
7.12 Without reinsurance coverage	0	XXX	0	XXX	0
7.2 Supplemental benefits	(6,521,639)	XXX	0	XXX	(6,521,639)
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With reinsurance coverage	25,287,411	XXX	4,969,849	XXX	XXX
8.12 Without reinsurance coverage	(27,869)	XXX	0	XXX	XXX
8.2 Supplemental benefits	0	XXX	0	XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With reinsurance coverage	(48,945,892)	XXX	(4,421,994)	XXX	XXX
9.12 Without reinsurance coverage	0	XXX	0	XXX	XXX
9.2 Supplemental benefits	0	XXX	0	XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With reinsurance coverage	5,942,830,567	XXX	434,690,512	XXX	XXX
10.12 Without reinsurance coverage	(27,869)	XXX	0	XXX	XXX
10.2 Supplemental benefits	(6,521,639)	XXX	0	XXX	XXX
11. Total claims	5,936,281,059	XXX	434,690,512	XXX	6,287,374,294
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims paid - net of reimbursements applied	XXX	(878,790,899)	XXX	674,822,752	(203,968,147)
12.2 Reimbursements received but not applied-change	XXX	0	XXX	0	0
12.3 Reimbursements receivable-change	XXX	(878,790,899)	XXX	674,822,752	XXX
12.4 Health care receivables-change	XXX	0	XXX	0	XXX
13. Aggregate policy reserves-change	0	0	0	0	XXX
14. Expenses paid	209,474,775	XXX	16,510,386	XXX	225,985,161
15. Expenses incurred	266,834,596	XXX	21,031,373	XXX	XXX
16. Underwriting gain/loss	373,595,678	XXX	62,641,455	XXX	XXX
17. Cash flow result	XXX	XXX	XXX	XXX	821,738,240