



# QUARTERLY STATEMENT

As of June 30, 2018  
of the Condition and Affairs of the

## United Benefit Life Insurance Company

NAIC Group Code....0901, 0901  
(Current Period) (Prior Period)

NAIC Company Code.... 65269

Employer's ID Number.... 75-2305400

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... June 26, 1957

Commenced Business..... August 13, 1957

Statutory Home Office

1300 East Ninth Street .. Cleveland .. OH .. US .. 44114  
(Street and Number) (City or Town, State, Country and Zip Code)

512-451-2224  
(Area Code) (Telephone Number)

Main Administrative Office

11200 Lakeline Blvd Ste 100 .. Austin .. TX .. US .. 78717  
(Street and Number) (City or Town, State, Country and Zip Code)

512-451-2224  
(Area Code) (Telephone Number)

Mail Address

11200 Lakeline Blvd Ste 100 .. Austin .. TX .. US .. 78717  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

512-451-2224  
(Area Code) (Telephone Number)

Primary Location of Books and Records

11200 Lakeline Blvd Ste 100 .. Austin .. TX .. US .. 78717  
(Street and Number) (City or Town, State, Country and Zip Code)

Internet Web Site Address

(512) 531-1465

Statutory Statement Contact

Renee Wilkins Feldman

(Area Code) (Telephone Number) (Extension)

(Name)

512-467-1399

CSBFinRpt@cigna.com

(Fax Number)

(E-Mail Address)

## OFFICERS

Name	Title	Name	Title
1. Stephen Burnett Jones	President	2. Byron Keith Buescher	Treasurer and Chief Accounting Officer
3. Anna Krishtul	Secretary	4. Susan Eadaoine Buck	Appointed Actuary
Gregory John Czar	Executive Vice President and Chief Financial Officer	David Lawrence Chambers	Vice President-Sales and Marketing
Mark Fleming	Vice President and Assistant Treasurer	Joanne Ruth Hart	Vice President and Assistant Treasurer
Scott Ronald Lambert	Vice President and Assistant Treasurer	Ryan Bruce McGroarty	Vice President
Maureen Hardiman Ryan	Vice President and Assistant Treasurer		

## OTHER

Gregory John Czar	Executive Vice President and Chief Financial Officer	David Lawrence Chambers	Vice President-Sales and Marketing
Mark Fleming	Vice President and Assistant Treasurer	Joanne Ruth Hart	Vice President and Assistant Treasurer
Scott Ronald Lambert	Vice President and Assistant Treasurer	Ryan Bruce McGroarty	Vice President
Maureen Hardiman Ryan	Vice President and Assistant Treasurer		

## DIRECTORS OR TRUSTEES

Gregory John Czar	Brian Case Evanko	Stephen Burnett Jones	Ryan Bruce McGroarty
Frank Sataline, Jr.	James Yablecki		

State of..... Texas  
County of.... Williamson

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.

(Signature) Stephen Burnett Jones 1. (Printed Name) President (Title)	(Signature) Byron Keith Buescher 2. (Printed Name) Treasurer and Chief Accounting Officer (Title)	(Signature) Anna Krishtul 3. (Printed Name) Secretary (Title)
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Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_ August 2018

a. Is this an original filing?  
b. If no: 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes [ X ] No [ ]

\_\_\_\_\_  
\_\_\_\_\_

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	2,586,946		2,586,946	2,588,568
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....295,148), cash equivalents (\$.....0) and short-term investments (\$....53,193).....	348,341		348,341	598,795
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	2,935,287	0	2,935,287	3,187,363
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	16,215		16,215	16,561
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	263,829		263,829	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....	791		791	482
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	2	2	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	3,216,124	2	3,216,122	3,204,406
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	3,216,124	2	3,216,122	3,204,406

**DETAILS OF WRITE-INS**

1101.....				0
1102.....				0
1103.....				0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Premium Tax Refund.....	2	2	0	
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	2	2	0	0

**LIABILITIES, SURPLUS AND OTHER FUNDS**

		1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts \$.....0 less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....			
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....			
3. Liability for deposit-type contracts (including \$.....0 Modco Reserve).....			
4. Contract claims:			
4.1 Life.....			
4.2 Accident and health.....			
5. Policyholders' dividends \$.....0 and coupons \$.....0 due and unpaid.....			
6. Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:			
6.1 Dividends apportioned for payment (including \$.....0 Modco).....			
6.2 Dividends not yet apportioned (including \$.....0 Modco).....			
6.3 Coupons and similar benefits (including \$.....0 Modco).....			
7. Amount provisionally held for deferred dividend policies not included in Line 6.....			
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums.....			
9. Contract liabilities not included elsewhere:			
9.1 Surrender values on canceled contracts.....			
9.2 Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act.....			
9.3 Other amounts payable on reinsurance, including \$.....0 assumed and \$.....0 ceded.....			
9.4 Interest Maintenance Reserve.....		36,581	38,354
10. Commissions to agents due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0.....			
11. Commissions and expense allowances payable on reinsurance assumed.....		.532	.857
12. General expenses due or accrued.....			
13. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves, net of reinsured allowances).....			
14. Taxes, licenses and fees due or accrued, excluding federal income taxes.....		4,061	3,200
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....			
15.2 Net deferred tax liability.....			
16. Unearned investment income.....			
17. Amounts withheld or retained by company as agent or trustee.....			
18. Amounts held for agents' account, including \$.....0 agents' credit balances.....			
19. Remittances and items not allocated.....			
20. Net adjustment in assets and liabilities due to foreign exchange rates.....			
21. Liability for benefits for employees and agents if not included above.....			
22. Borrowed money \$.....0 and interest thereon \$.....0.....			
23. Dividends to stockholders declared and unpaid.....			
24. Miscellaneous liabilities:			
24.01 Asset valuation reserve.....			
24.02 Reinsurance in unauthorized and certified (\$.....0) companies.....			
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....			
24.04 Payable to parent, subsidiaries and affiliates.....		14,158	239,765
24.05 Drafts outstanding.....			
24.06 Liability for amounts held under uninsured plans.....			
24.07 Funds held under coinsurance.....			
24.08 Derivatives.....			
24.09 Payable for securities.....			
24.10 Payable for securities lending.....			
24.11 Capital notes \$.....0 and interest thereon \$.....0.....			
25. Aggregate write-ins for liabilities.....		.0	0
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....		.55,332	282,176
27. From Separate Accounts statement.....			
28. Total liabilities (Lines 26 and 27).....		.55,332	282,176
29. Common capital stock.....		1,500,000	1,500,000
30. Preferred capital stock.....			
31. Aggregate write-ins for other-than-special surplus funds.....		.0	0
32. Surplus notes.....			
33. Gross paid in and contributed surplus.....		18,820,665	18,820,665
34. Aggregate write-ins for special surplus funds.....		.0	0
35. Unassigned funds (surplus).....		(17,159,875)	(17,398,435)
36. Less treasury stock, at cost:			
36.1 .....0.000 shares common (value included in Line 29 \$.....0).....			
36.2 .....0.000 shares preferred (value included in Line 30 \$.....0).....			
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement).....		1,660,790	1,422,230
38. Totals of Lines 29, 30 and 37.....		3,160,790	2,922,230
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....		3,216,122	3,204,406

**DETAILS OF WRITE-INS**

2501.....			
2502.....			
2503.....			
2598. Summary of remaining write-ins for Line 25 from overflow page.....		.0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....		.0	0
3101.....			
3102.....			
3103.....			
3198. Summary of remaining write-ins for Line 31 from overflow page.....		.0	0
3199. Totals (Lines 3101 thru 3103 plus 3198) (Line 31 above).....		.0	0
3401.....			
3402.....			
3403.....			
3498. Summary of remaining write-ins for Line 34 from overflow page.....		.0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....		.0	0

**SUMMARY OF OPERATIONS**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts.....			
2. Considerations for supplementary contracts with life contingencies.....			
3. Net investment income.....	23,619	24,509	50,011
4. Amortization of Interest Maintenance Reserve (IMR).....	1,773	1,620	3,240
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....			
6. Commissions and expense allowances on reinsurance ceded.....			
7. Reserve adjustments on reinsurance ceded.....			
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....			
8.2 Charges and fees for deposit-type contracts.....	4,318	4,468	8,514
8.3 Aggregate write-ins for miscellaneous income.....			
9. Totals (Lines 1 to 8.3).....	29,710	30,597	61,765
10. Death benefits.....			
11. Matured endowments (excluding guaranteed annual pure endowments).....			
12. Annuity benefits.....			
13. Disability benefits and benefits under accident and health contracts.....			
14. Coupons, guaranteed annual pure endowments and similar benefits.....			
15. Surrender benefits and withdrawals for life contracts.....			
16. Group conversions.....			
17. Interest and adjustments on contract or deposit-type contract funds.....			
18. Payments on supplementary contracts with life contingencies.....			
19. Increase in aggregate reserves for life and accident and health contracts.....			
20. Totals (Lines 10 to 19).....	0	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....			
22. Commissions and expense allowances on reinsurance assumed.....			
23. General insurance expenses.....	20,988	18,512	38,999
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	33,941	37,782	46,551
25. Increase in loading on deferred and uncollected premiums.....			
26. Net transfers to or (from) Separate Accounts net of reinsurance.....			
27. Aggregate write-ins for deductions.....	50	6	.281
28. Totals (Lines 20 to 27).....	54,979	56,300	.85,831
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	-(25,269)	-(25,703)	-(24,066)
30. Dividends to policyholders.....			
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	-(25,269)	-(25,703)	-(24,066)
32. Federal and foreign income taxes incurred (excluding tax on capital gains).....	(263,829)		
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....	238,560	-(25,703)	-(24,066)
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.0 (excluding taxes of \$.0 transferred to the IMR).....			
35. Net income (Line 33 plus Line 34).....	238,560	-(25,703)	-(24,066)
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
36. Capital and surplus, December 31, prior year.....	2,922,230	2,945,947	2,945,947
37. Net income (Line 35).....	238,560	-(25,703)	-(24,066)
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.0.....			
39. Change in net unrealized foreign exchange capital gain (loss).....			
40. Change in net deferred income tax.....			
41. Change in nonadmitted assets.....			(2)
42. Change in liability for reinsurance in unauthorized and certified companies.....			
43. Change in reserve on account of change in valuation basis, (increase) or decrease.....			
44. Change in asset valuation reserve.....		351	.351
45. Change in treasury stock.....			
46. Surplus (contributed to) withdrawn from Separate Accounts during period.....			
47. Other changes in surplus in Separate Accounts Statement.....			
48. Change in surplus notes.....			
49. Cumulative effect of changes in accounting principles.....			
50. Capital changes:			
50.1 Paid in.....			
50.2 Transferred from surplus (Stock Dividend).....			
50.3 Transferred to surplus.....			
51. Surplus adjustment:			
51.1 Paid in.....			
51.2 Transferred to capital (Stock Dividend).....			
51.3 Transferred from capital.....			
51.4 Change in surplus as a result of reinsurance.....			
52. Dividends to stockholders.....	0	0	0
53. Aggregate write-ins for gains and losses in surplus.....	238,560	-(25,352)	-(23,717)
54. Net change in capital and surplus (Lines 37 through 53).....	3,160,790	2,920,595	2,922,230
55. Capital and surplus as of statement date (Lines 36 + 54).....			

**DETAILS OF WRITE-INS**

08.301. Miscellaneous Income.....	4,318	4,468	8,514
08.302. .....			
08.303. .....			
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	4,318	4,468	8,514
2701. Penalties.....	50	6	.281
2702. .....			
2703. .....			
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	50	6	.281
5301. .....			
5302. .....			
5303. .....			
5398. Summary of remaining write-ins for Line 53 from overflow page.....	0	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398) (Line 53 above).....	0	0	0

**United Benefit Life Insurance Company**  
**CASH FLOW**

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....			
2. Net investment income.....	25,587	25,899	52,681
3. Miscellaneous income.....	4,318	4,468	8,514
4. Total (Lines 1 through 3).....	29,905	30,367	61,195
5. Benefit and loss related payments.....			
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	42,359	55,915	85,025
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	238,000		
10. Total (Lines 5 through 9).....	280,359	55,915	85,025
11. Net cash from operations (Line 4 minus Line 10).....	(250,454)	(25,548)	(23,830)
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....			
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		55,926	55,926
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	55,926	55,926
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	0	(55,926)	(55,926)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....		117,000	238,000
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	0	117,000	238,000
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(250,454)	35,526	158,244
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	598,795	440,551	440,551
19.2 End of period (Line 18 plus Line 19.1).....	348,341	476,077	598,795

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

20,001			
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**EXHIBIT 1****DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Industrial life.....	.....	.....	.....
2. Ordinary life insurance.....	.....	.....	.....
3. Ordinary individual annuities.....	.....	.....	.....
4. Credit life (group and individual).....	.....	.....	.....
5. Group life insurance.....	.....	.....	.....
6. Group annuities.....	.....	.....	.....
7. A&H - group.....	.....	.....	.....
8. A&H - credit (group and individual).....	.....	.....	.....
9. A&H - other.....	.....	.....	.....
10. Aggregate of all other lines of business.....	.....0	.....0	.....0
11. Subtotal.....	.....0	.....0	.....0
12. Deposit-type contracts.....	.....	.....	.....
13. Total.....	.....0	.....0	.....0

**NONE****DETAILS OF WRITE-INS**

1001. ....	.....	.....	.....
1002. ....	.....	.....	.....
1003. ....	.....	.....	.....
1098. Summary of remaining write-ins for Line 10 from overflow page.....	.....0	.....0	.....0
1099. Total (Lines 1001 thru 1003 plus 1098) (Line 10 above).....	.....0	.....0	.....0

**NOTES TO FINANCIAL STATEMENTS****Note 1 - Summary of Significant Accounting Policies****A. Accounting Practices and Procedures**

The financial statements of United Benefit Life Insurance Company ("UBLIC" or "the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only Statutory Accounting Practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Ohio and the Company has not adopted any accounting practices that are different from NAIC SAP.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	SSAP#	F/S Page	F/S Line #	2018	2017
<b>Net Income</b>					
1) United Benefit Life Insurance Company state basis (Page 4, Line 35, Columns 1 & 3)		XXX	XXX	238,560	\$ (24,066)
2) State Prescribed Practices that increase/decrease NAIC SAP				-	-
3) State Permitted Practices that increase/decrease NAIC SAP				-	-
4) NAIC SAP (1 - 2 - 3 = 4)		XXX	XXX	238,560	\$ (24,066)
<b>Surplus</b>					
5) United Benefit Life Insurance Company state basis (Page 3, line 38, Columns 1 & 2)		XXX	XXX	3,160,790	\$ 2,922,230
6) State Prescribed Practices that increase/decrease NAIC SAP				-	-
7) State Permitted Practices that increase/decrease NAIC SAP				-	-
8) NAIC SAP (5 - 6 - 7 = 8)		XXX	XXX	3,160,790	\$ 2,922,230

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

**C. Accounting Policy**

(6) **Loan-Backed Securities.** Loan-backed bonds and structured securities are valued at amortized cost using the constant level yield method. Significant changes in estimated cash flows from the original purchase assumptions are accounted for generally using the retrospective adjustment method. Significant changes in estimated cash flows from the original purchase assumptions for loan-backed and structured securities that have potential for loss of a significant portion of the original investment are accounted for using the prospective method. These securities are presented on the balance sheet as bonds.

Prepayment assumptions for loan-backed and other structured securities were obtained from external financial data sources. These assumptions are consistent with the current interest rate and economic environment.

When the Company determines it does not expect to recover the amortized cost basis of loan-backed or structured securities with declines in fair value (even if it does not intend to sell and has the intent and ability to hold), the non-interest portion of the impairment loss is recognized in realized investment losses. The non-interest portion is the difference between the amortized cost basis of the loan-backed or structured security and the net present value of its expected future cash flows. Expected future cash flows are based on assumptions about the collateral attributes, including prepayment speeds, default rates and changes in value.

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## **NOTES TO FINANCIAL STATEMENTS**

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### **D. Going Concern**

In accordance with SSAP No. 1, "Accounting Policies, Risks and Uncertainties, and Other Disclosures," management has made an evaluation of the Company's ability to continue as a going concern, including such factors as its current financial position, recent earnings and cash flow trends and projections, liquidity and capital requirements, readily available sources of liquidity and such other factors deemed by management to be appropriate under the circumstances. As a result of management's evaluation, no conditions, events or trends have been identified that causes substantial doubt as to the ability of the Company to continue as a going concern and, accordingly, the accompanying financial statements have been prepared on the going concern basis.

### **Note 2 - Accounting Changes and Corrections of Errors**

Not applicable.

### **Note 3 - Business Combinations and Goodwill**

Not applicable.

### **Note 4 - Discontinued Operations**

Not applicable.

### **Note 5 - Investments**

#### **D. Loan Backed Securities**

- (1) Prepayment assumptions for loan-backed and other structured securities were obtained from external financial data sources. These assumptions are consistent with the current interest rate and economic environment.
- (2) The Company had no loan-backed and structured securities with recognized other-than-temporary impairments where the Company had the intent to sell or does not have the intent and ability to retain the investment for a period of time sufficient to recover the amortized cost basis as of June 30, 2018.
- (3) The Company had no loan-backed and structured securities with recognized other-than-temporary impairments where the present value of cash flow expected to be collected is less than the amortized cost basis as of June 30, 2018.
- (4) There were no loan-backed and structured securities with a fair value lower than amortized cost as of June 30, 2018.
- (5) Management reviews loan-backed and structured securities with a decline in fair value from cost for impairment based on criteria that include:
  - Length of time and severity of decline.
  - Financial and specific near term prospects of the issuer.
  - Changes in the regulatory, economic or general market environment of the issuer's industry or geographic region.
  - The Company's intent to sell or the inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost.

E. – R Not applicable.

### **Note 6 - Joint Ventures, Partnerships and Limited Liability Companies**

Not applicable.

### **Note 7 - Investment Income**

No significant changes.

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## NOTES TO FINANCIAL STATEMENTS

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**Note 8 - Derivative Instruments**

Not applicable.

**Note 9 - Income Taxes**

No significant changes.

**Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

No significant changes.

**Note 11 - Debt**

Not applicable.

**Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

No significant changes.

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

No significant changes.

**Note 14 - Contingencies****Other Legal Matters**

In the normal course of its business operations, the Company is involved in litigation and other regulatory matters from time to time with claimants, beneficiaries, and other parties. When the Company, in the normal course of its regular review of such matters has determined that a material loss is reasonably possible, the matter is disclosed. In accordance with Statutory Accounting Principles, when litigation or other regulatory matters result in loss contingencies that are both probable and estimable, the Company accrues the estimated loss by a charge to operations. The amount accrued represents management's best estimate of the probable loss at the time. If only a range of estimated losses can be determined, the Company accrues an amount within the range that, in management's judgment, reflects the most likely outcome. If none of the estimates within the range is a better estimate than any other amount, the Company accrues the mid-point of the range.

Management does not believe that litigation or other matters currently pending against the Company, including the litigation between Cigna and Anthem discussed below, would have a material adverse effect on the Company's results of operations, financial condition or liquidity based on its current knowledge of those matters.

**Litigation with Anthem.** In February, 2017, Cigna delivered a notice to Anthem terminating the merger agreement, and notifying Anthem that it must pay Cigna the \$1.85 billion reverse termination fee pursuant to the terms of the merger agreement. Also in February, 2017, Cigna filed suit against Anthem in the Delaware Court of Chancery (the "Chancery Court") seeking declaratory judgments that Cigna's termination of the merger agreement was valid and that Anthem was not permitted to extend the termination date. The complaint also sought payment of the reverse termination fee and additional damages in an amount exceeding \$13 billion, including the lost premium value to Cigna's shareholders caused by Anthem's willful breaches of the merger agreement.

Also, in February, 2017, Anthem filed a lawsuit in the Chancery Court against Cigna seeking (i) a temporary restraining order to enjoin Cigna from terminating and taking any action contrary to the terms of the merger agreement, (ii) specific performance compelling Cigna to comply with the merger agreement and (iii) damages.

On February 15, 2017, the Chancery Court granted Anthem's motion for a temporary restraining order and temporarily enjoined Cigna from terminating the merger agreement. In May, 2017, the Chancery Court denied Anthem's motion for a preliminary injunction to enjoin Cigna from terminating the merger agreement but stayed its ruling pending Anthem's determination as to whether to seek an appeal. Anthem subsequently notified Cigna and the Chancery Court that it did not intend to appeal the Chancery Court's decision. As a result, the merger agreement was terminated.

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**NOTES TO FINANCIAL STATEMENTS**

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The litigation between the parties remains pending. Trial is scheduled for 2019. Cigna believes in the merits of their claims and dispute Anthem's claims, and intends to vigorously defend themselves and pursue their claims. The outcomes of lawsuits are inherently unpredictable, and Cigna may be unsuccessful in the ongoing litigation or any future claims or litigation.

**Note 15 - Leases**

Not applicable.

**Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

No significant changes.

**Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- B. Transfer and Servicing of Financial Assets – Not applicable
- C. The company was not involved in any wash sale transactions in 2018.

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

Not applicable.

**Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

Not applicable.

**Note 20 - Fair Value Measurements****A. Fair Value Measurements**

Fair value is defined as the price at which an asset could be exchanged in an orderly transaction between market participants at the balance sheet date. The Company's financial assets have been classified based upon a hierarchy defined by SAP. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a financial asset or liability carried at fair value would be classified in Level 3 if unobservable inputs were significant to the instrument's fair value, even though the measurement may be derived using inputs that are both observable (Levels 1 and 2) and unobservable (Level 3).

Updates to SSAP 100 that became effective on January 1, 2018 allow the use of net asset value (NAV) as a practical expedient to fair value for investments in investment companies where there is no readily determinable fair value. There were no such investments owned by the Company for either period presented.

Level 1	Inputs for instruments classified in Level 1 include unadjusted quoted prices for identical assets in active markets accessible at the measurement date. Active markets provide pricing data for trades occurring at least weekly and include exchanges and dealer markets.
Level 2	Inputs for instruments classified in Level 2 include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are market observable or can be corroborated by market data for the term of the instrument. Such other inputs include market interest rates and volatilities, spreads and yield curves. An instrument is classified in Level 2 if the Company determines that unobservable inputs are insignificant. Level 2 assets primarily include corporate bonds valued using recent trades of similar securities or pricing models that discount future cash flows at estimated market interest rates.
Level 3	Certain inputs for instruments classified in Level 3 are unobservable (supported by little or no market

**NOTES TO FINANCIAL STATEMENTS**

activity) and significant to their resulting fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

1. Fair Value Measurements at Reporting Date – None
2. Fair Value Measurements in Level 3 of the Fair Value Hierarchy – None
3. Level 3 Transfers – None
4. Valuation Techniques and Inputs – No financial instruments at fair value

**B. Other Fair Value Disclosures – None****C. Aggregate Fair Value of All Financial Instruments**

The following tables provide the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of June 30, 2018 and December 31, 2017.

Financial Assets	Aggregate Fair Value	Admitted Assets	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
<b>June 30, 2018</b>							
Bonds	\$ 2,523,913	\$ 2,586,946	\$ 2,523,913	\$ -	\$ -	\$ -	\$ -
Cash, Cash Equivalents, and Short-Term Investments	348,342	348,342	295,148	53,194	-	-	-
Total	\$ 2,872,255	\$ 2,935,288	\$ 2,819,061	\$ 53,194	\$ -	\$ -	\$ -
<b>December 31, 2017</b>							
Bonds	\$ 2,569,545	\$ 2,588,568	\$ 2,569,545	\$ -	\$ -	\$ -	\$ -
Cash, Cash Equivalents, and Short-Term Investments	598,795	598,795	346,828	251,967	-	-	-
Total	\$ 3,168,340	\$ 3,187,363	\$ 2,916,373	\$ 251,967	\$ -	\$ -	\$ -

The following valuation methodologies and significant assumptions are used by the Company to determine fair value for each instrument.

**Bonds**

The Company estimates fair values using prices from third parties or internal pricing methods. Fair value estimates received from third-party pricing services are based on reported trade activity and quoted market prices when available, and other market information that a market participant may use to estimate fair value. Such other inputs include market interest rates and volatilities, spreads, and yield curves. The internal pricing methods are performed by the Company's investment professionals and generally involve using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality, as well as other qualitative factors. In instances where there is little or no market activity for the same or similar instruments, the fair value is estimated using methods, models, and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price.

**Cash, Cash Equivalents, and Short-Term Investments**

Short-term investments and cash equivalents are carried at fair value which approximates cost, and are classified in Level 2. Given the nature of cash, fair value approximates carrying value and is classified in Level 1.

**D. Disclosures about Financial Instruments Not Practicable to Estimate Fair Value – None****Note 21 - Other Items**

No significant changes.

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## **NOTES TO FINANCIAL STATEMENTS**

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### **Note 22 - Events Subsequent**

Management has evaluated the financial statements for subsequent events through August 14, 2018, the date financial statements were available to be issued.

### **Note 23 - Reinsurance**

No significant changes.

### **Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination**

Not applicable.

### **Note 25 - Change in Incurred Losses and Loss Adjustment Expenses**

Not applicable.

### **Note 26 - Intercompany Pooling Arrangements**

Not applicable.

### **Note 27 - Structured Settlements**

Not applicable.

### **Note 28 - Health Care Receivables**

Not applicable.

### **Note 29 - Participating Policies**

Not applicable.

### **Note 30 - Premium Deficiency Reserves**

Not applicable.

### **Note 31 - Reserves for Life Contracts and Annuity Contracts**

Not applicable.

### **Note 32 - Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics**

Not applicable.

### **Note 33 - Premiums and Annuity Considerations Deferred and Uncollected**

Not applicable.

### **Note 34 - Separate Accounts**

Not applicable.

## **NOTES TO FINANCIAL STATEMENTS**

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### **Note 35 - Loss/Claim Adjustment Expenses**

Not applicable.

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?  Yes [ ]  No [ X ]

1.2 If yes, has the report been filed with the domiciliary state?  Yes [ ]  No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?  Yes [ ]  No [ X ]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  Yes [ X ]  No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?  Yes [ ]  No [ X ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group?  Yes [ X ]  No [ ]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.  701221

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  Yes [ ]  No [ X ]

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.  Yes [ ]  No [ X ]  N/A [ ]

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.  12/31/2013

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.  12/31/2013

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).  04/20/2015

6.4 By what department or departments?  
Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?  Yes [ ]  No [ ]  N/A [ X ]

6.6 Have all of the recommendations within the latest financial examination report been complied with?  Yes [ ]  No [ ]  N/A [ X ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?  Yes [ ]  No [ X ]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?  Yes [ ]  No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  Yes [ ]  No [ X ]

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  Yes [ X ]  No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended?  Yes [ ]  No [ X ]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?  Yes [ ]  No [ X ]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

14.21	Bonds
14.22	Preferred Stock
14.23	Common Stock
14.24	Short-Term Investments
14.25	Mortgage Loans on Real Estate
14.26	All Other
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above

1	2
Prior Year End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
0	0
0	0
0	0
0	0
\$ 0	\$ 0
\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.3 Total payable for securities lending reported on the liability page: \$ 0

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

1	2
Name of Custodian(s)	Custodian Address
JPMorgan Chase Bank, N.A.	4 Chase MetroTech Center Brooklyn, New York 11245

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

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

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

17.4 If yes, give full and complete information relating thereto:

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

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

1	2
Name of Firm or Individual	Affiliation
Cigna Investments, Inc.	A

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

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

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

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
105811	Cigna Investments, Inc.		SEC	DS

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

18.2 If no, list exceptions:

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

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

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

Has the reporting entity self-designated 5\*GI securities?

Yes [ ] No [ X ]

**United Benefit Life Insurance Company**  
**GENERAL INTERROGATORIES (continued)**  
**PART 2 - LIFE & HEALTH**

1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:

		Amount
1.1	Long-term mortgages in good standing	
1.11	Farm mortgages.....	\$.....
1.12	Residential mortgages.....	\$.....
1.13	Commercial mortgages.....	\$.....
1.14	Total mortgages in good standing.....	\$..... 0
1.2	Long-term mortgages in good standing with restructured terms	
1.21	Total mortgages in good standing with restructured terms.....	\$.....
1.3	Long-term mortgage loans upon which interest is overdue more than three months	
1.31	Farm mortgages.....	\$.....
1.32	Residential mortgages.....	\$.....
1.33	Commercial mortgages.....	\$.....
1.34	Total mortgages with interest overdue more than three months.....	\$..... 0
1.4	Long-term mortgage loans in process of foreclosure	
1.41	Farm mortgages.....	\$.....
1.42	Residential mortgages.....	\$.....
1.43	Commercial mortgages.....	\$.....
1.44	Total mortgages in process of foreclosure.....	\$..... 0
1.5	Total mortgage loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2)	\$..... 0
1.6	Long-term mortgages foreclosed, properties transferred to real estate in current quarter	
1.61	Farm mortgages.....	\$.....
1.62	Residential mortgages.....	\$.....
1.63	Commercial mortgages.....	\$.....
1.64	Total mortgages foreclosed and transferred to real estate.....	\$..... 0
2.	Operating Percentages:	
2.1	A&H loss percent.....	
2.2	A&H cost containment percent.....	
2.3	A&H expense percent excluding cost containment expenses.....	
3.1	Do you act as a custodian for health savings accounts?.....	Yes [ ] No [ ]
3.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$.....
3.3	Do you act as an administrator for health savings accounts?.....	Yes [ ] No [ ]
3.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$.....
4.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [ X ] No [ ]
4.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile or the reporting entity?.....	Yes [ ] No [ ]

**United Benefit Life Insurance Company**  
**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating

**NONE**

**United Benefit Life Insurance Company**  
**SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	Active Status (a)	Life Insurance Premiums	Direct Business Only				
			Life Contracts		A&H Insurance Premiums, Including Policy Membership and Other Fees	Other Considerations	Total Columns 2 through 5
			2	3			
1. Alabama.....	AL	L					0
2. Alaska.....	AK	N					0
3. Arizona.....	AZ	L					0
4. Arkansas.....	AR	N					0
5. California.....	CA	L					0
6. Colorado.....	CO	L					0
7. Connecticut.....	CT	N					0
8. Delaware.....	DE	L					0
9. District of Columbia.....	DC	L					0
10. Florida.....	FL	N					0
11. Georgia.....	GA	L					0
12. Hawaii.....	HI	N					0
13. Idaho.....	ID	L					0
14. Illinois.....	IL	L					0
15. Indiana.....	IN	L					0
16. Iowa.....	IA	N					0
17. Kansas.....	KS	L					0
18. Kentucky.....	KY	L					0
19. Louisiana.....	LA	L					0
20. Maine.....	ME	N					0
21. Maryland.....	MD	N					0
22. Massachusetts.....	MA	N					0
23. Michigan.....	MI	N					0
24. Minnesota.....	MN	N					0
25. Mississippi.....	MS	N					0
26. Missouri.....	MO	L					0
27. Montana.....	MT	L					0
28. Nebraska.....	NE	L					0
29. Nevada.....	NV	L					0
30. New Hampshire.....	NH	N					0
31. New Jersey.....	NJ	N					0
32. New Mexico.....	NM	N					0
33. New York.....	NY	N					0
34. North Carolina.....	NC	N					0
35. North Dakota.....	ND	L					0
36. Ohio.....	OH	L					0
37. Oklahoma.....	OK	L					0
38. Oregon.....	OR	L					0
39. Pennsylvania.....	PA	L					0
40. Rhode Island.....	RI	N					0
41. South Carolina.....	SC	N					0
42. South Dakota.....	SD	L					0
43. Tennessee.....	TN	L					0
44. Texas.....	TX	L					0
45. Utah.....	UT	L					0
46. Vermont.....	VT	N					0
47. Virginia.....	VA	N					0
48. Washington.....	WA	N					0
49. West Virginia.....	WV	L					0
50. Wisconsin.....	WI	N					0
51. Wyoming.....	WY	N					0
52. American Samoa.....	AS	N					0
53. Guam.....	GU	N					0
54. Puerto Rico.....	PR	N					0
55. US Virgin Islands.....	VI	N					0
56. Northern Mariana Islands.....	MP	N					0
57. Canada.....	CAN	N					0
58. Aggregate Other Alien.....	OT	XXX	0	0	0	0	0
59. Subtotal.....		XXX	0	0	0	0	0
90. Reporting entity contributions for employee benefit plans.....		XXX					0
91. Dividends or refunds applied to purchase paid-up additions and annuities.....		XXX					0
92. Dividends or refunds applied to shorten endowment or premium paying period.....		XXX					0
93. Premium or annuity considerations waived under disability or other contract provisions.....		XXX					0
94. Aggregate other amounts not allocable by State.....		XXX	0	0	0	0	0
95. Totals (Direct Business).....		XXX	0	0	0	0	0
96. Plus Reinsurance Assumed.....		XXX					0
97. Totals (All Business).....		XXX	0	0	0	0	0
98. Less Reinsurance Ceded.....		XXX					0
99. Totals (All Business) less Reinsurance Ceded.....		XXX	0	0	0	0	0

## DETAILS OF WRITE-INS

58001.....	XXX					0	
58002.....	XXX					0	
58003.....	XXX					0	
58998. Summary of remaining write-ins for line 58 from overflow page.....	XXX	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....	XXX	0	0	0	0	0	0
9401.....	XXX					0	
9402.....	XXX					0	
9403.....	XXX					0	
9498. Summary of remaining write-ins for line 94 from overflow page.....	XXX	0	0	0	0	0	0
9499. Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....	XXX	0	0	0	0	0	0

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....

27

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....

0

R - Registered - Non-domiciled RRGs.....

0

Q - Qualified - Qualified or accredited reinsurer.....

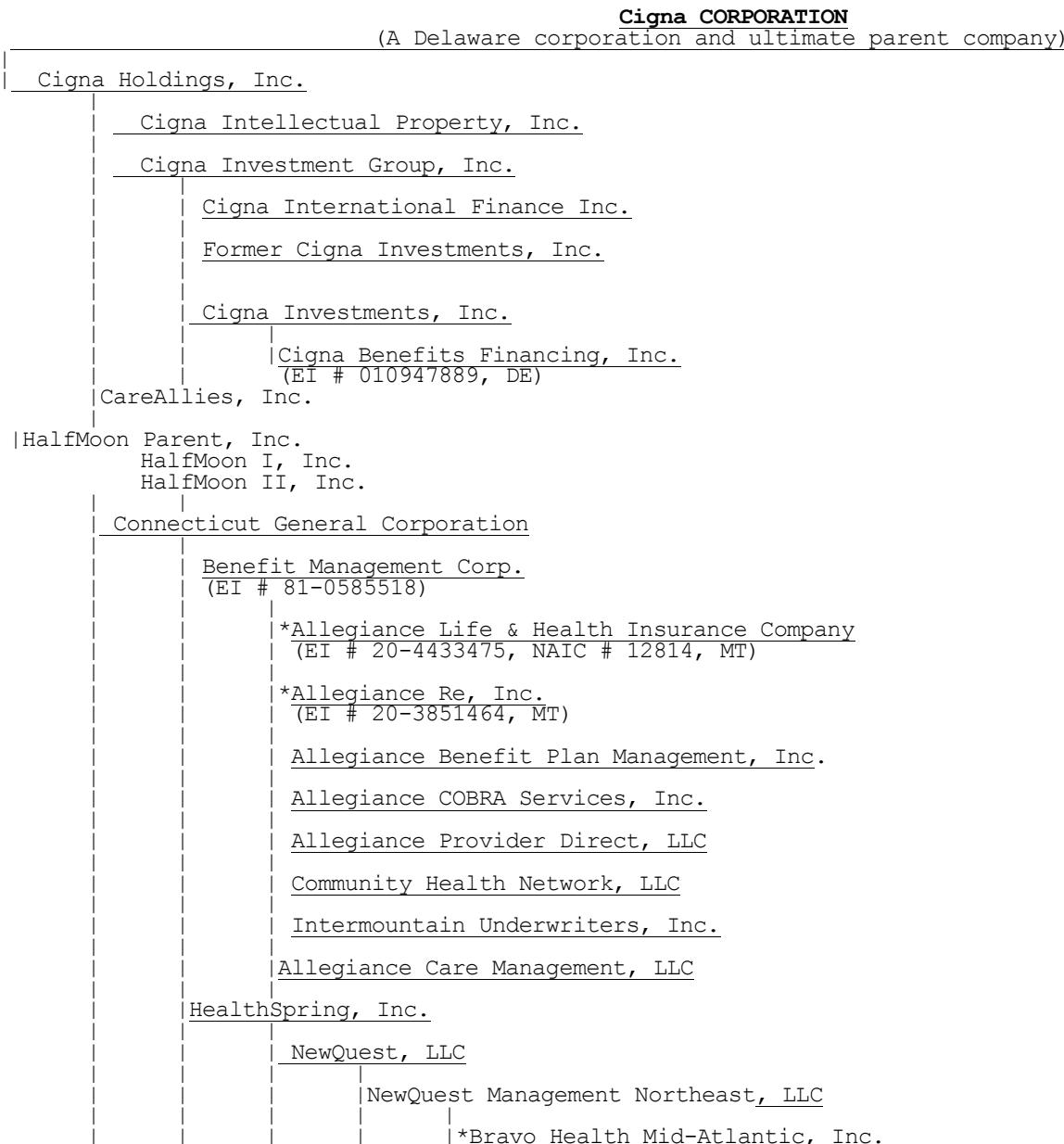
0

N - None of the above - Not allowed to write business in the state.....

30

**PART 1 -- ORGANIZATION CHART**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers (identified by an asterisk, and if such insurer is incorporated in the United States of America, by a Federal Employer Identification Number, NAIC Company Code and Jurisdiction of Incorporation) and all other affiliates, as of June 30, 2018:



**Q12.1**

| ( EI # 52-2259087, NAIC # 10095, MD)  
| \*Bravo Health Pennsylvania, Inc.  
| (EI # 52-2363406, NAIC # 11254, PA)  
| \*HealthSpring Life & Health Insurance Company  
| (EI # 20-8534298, NAIC # 12902, TX)  
| \*HealthSpring of Florida, Inc.  
| (EI # 65-1129599, NAIC #11532, FL)  
| NewQuest Management of Illinois, LLC  
| NewQuest Management of Florida, LLC  
| HealthSpring Management of America, LLC  
| NewQuest Management of West Virginia, LLC  
| TexQuest, LLC  
| HouQuest, LLC  
| | GulfQuest, LP  
| NewQuest Management of Alabama, LLC  
| HealthSpring USA, LLC  
| Tennessee Quest, LLC  
| HealthSpring Pharmacy Services, LLC  
| | HealthSpring Pharmacy of Tennessee, LLC  
| Home Physicians Management, LLC  
| Alegis Care Services, LLC  
| \*Cigna Arbor Life Insurance Company  
| (EI # 03-0452349, NAIC # 13733, CT)  
| Cigna Behavioral Health, Inc.  
| | Cigna Behavioral Health of California, Inc.  
| | (EI# 94-3107309)  
| | Cigna Behavioral Health of Texas, Inc.  
| | (EI# 75-2751090)  
| | MCC Independent Practice Association of New York, Inc.  
| Cigna Dental Health, Inc.  
| | Cigna Dental Health of California, Inc.  
| | (EI# 59-2600475, CA)  
| | Cigna Dental Health of Colorado, Inc.  
| | (EI# 59-2675861, NAIC # 11175, CO)  
| | Cigna Dental Health of Delaware, Inc.  
| | (EI# 59-2676987, NAIC # 95380, DE)

**Q12.2**

<u>Cigna Dental Health of Florida, Inc.</u> (EI# 59-1611217, NAIC # 52021, FL)
<u>Cigna Dental Health of Illinois, Inc.</u> (EI# 06-1351097, IL)
<u>Cigna Dental Health of Kansas, Inc.</u> (EI# 59-2625350, NAIC # 52024, KS)
<u>Cigna Dental Health of Kentucky, Inc.</u> (EI# 59-2619589, NAIC # 52108, KY)
<u>Cigna Dental Health of Missouri, Inc.</u> (EI#06-1582068, NAIC # 11160, MO)
<u>Cigna Dental Health of New Jersey, Inc.</u> (EI# 59-2308062, NAIC # 11167, NJ)
<u>Cigna Dental Health of North Carolina, Inc.</u> (EI# 56-1803464 , NAIC # 95179, NC)
<u>Cigna Dental Health of Ohio, Inc.</u> (EI# 59-2579774, NAIC # 47805, OH)
<u>Cigna Dental Health of Pennsylvania, Inc.</u> (EI# 52-1220578, NAIC # 47041, PA)
<u>Cigna Dental Health of Texas, Inc.</u> (EI# 59-2676977, NAIC # 95037, TX)
<u>Cigna Dental Health of Virginia, Inc.</u> (EI# 52-2188914, NAIC # 52617, VA)
<u>Cigna Dental Health Plan of Arizona, Inc.</u> (EI# 86-0807222, NAIC # 47013, AZ)
<u>Cigna Dental Health of Maryland, Inc.</u> (EI#20-2844020, NAIC #48119, MD)
<u>Cigna Health Corporation</u>
<u>Healthsource, Inc.</u>
<u>Cigna HealthCare of Arizona, Inc.</u> (EI# 86-0334392, NAIC#95125, AZ)
<u>Cigna HealthCare of California, Inc.</u> (EI# 95-3310115, CA)
<u>Cigna HealthCare of Colorado, Inc.</u> (EI# 84-1004500, NAIC # 95604, CO)
<u>Cigna HealthCare of Connecticut, Inc.</u> (EI# 06-1141174, NAIC # 95660, CT)
<u>Cigna HealthCare of Florida, Inc.</u> (EI# 59-2089259, NAIC # 95136, FL)
<u>Cigna HealthCare of Illinois, Inc.</u> (EI# 36-3385638, NAIC # 95602, IL)

Cigna HealthCare of Maine, Inc.  
(EI# 01-0418220, NAIC # 95447, ME)

Cigna HealthCare of Massachusetts, Inc.  
(EI# 02-0402111, NAIC # 95220, MA)

Cigna HealthCare Mid-Atlantic, Inc.  
(EI# 52-1404350, NAIC # 95599, MD)

Cigna HealthCare of New Hampshire, Inc.  
(EI# 02-0387749, NAIC # 95493, NH)

Cigna HealthCare of New Jersey, Inc.  
(EI# 22-2720890, NAIC # 95500, NJ)

Cigna HealthCare of Pennsylvania, Inc.  
(EI# 23-2301807, NAIC # 95121, PA)

Cigna HealthCare of St. Louis, Inc.  
(EI# 36-3359925, NAIC # 95635, MO)

Cigna HealthCare of Utah, Inc.  
(EI# 62-1230908, NAIC # 95518, UT)

Cigna HealthCare of Georgia, Inc.  
(EI# 58-1641057, NAIC # 96229, GA)

Cigna HealthCare of Texas, Inc.  
(EI# 74-2767437, NAIC # 95383, TX)

Cigna HealthCare of Indiana, Inc.  
(EI# 35-1679172, NAIC # 95525, IN)

Cigna HealthCare of Tennessee, Inc.  
(EI# 62-1218053, NAIC # 95606, TN)

Cigna HealthCare of North Carolina, Inc.  
(EI# 56-1479515, NAIC# 95132, NC)

Cigna HealthCare of South Carolina, Inc.  
(EI# 06-1185590, NAIC # 95708, SC)

\*Temple Insurance Company Limited

Arizona Health Plan, Inc.

Healthsource Properties, Inc.

Managed Care Consultants, Inc.

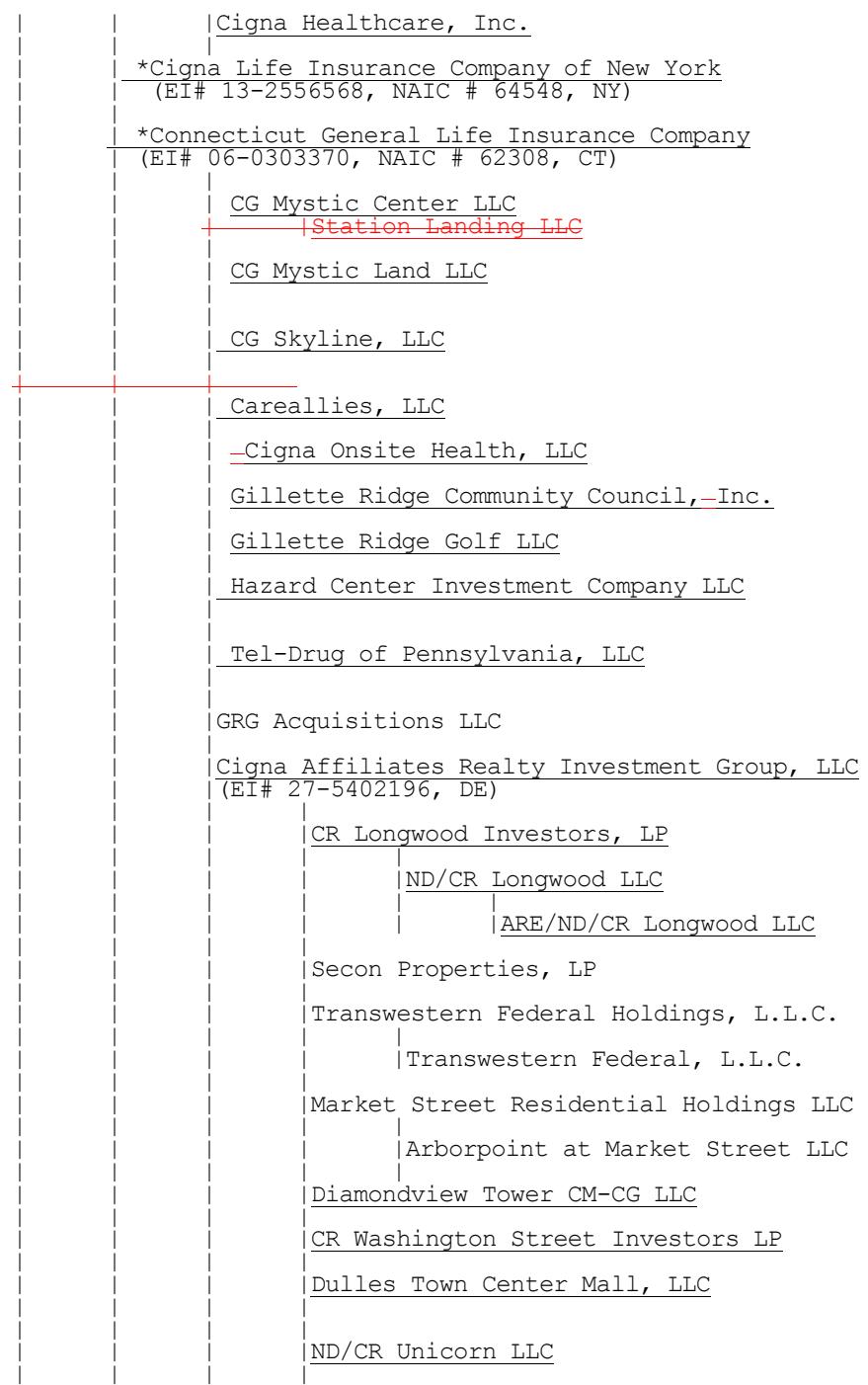
Cigna Benefit Technology Solutions, Inc.

Sagamore Health Network, Inc.

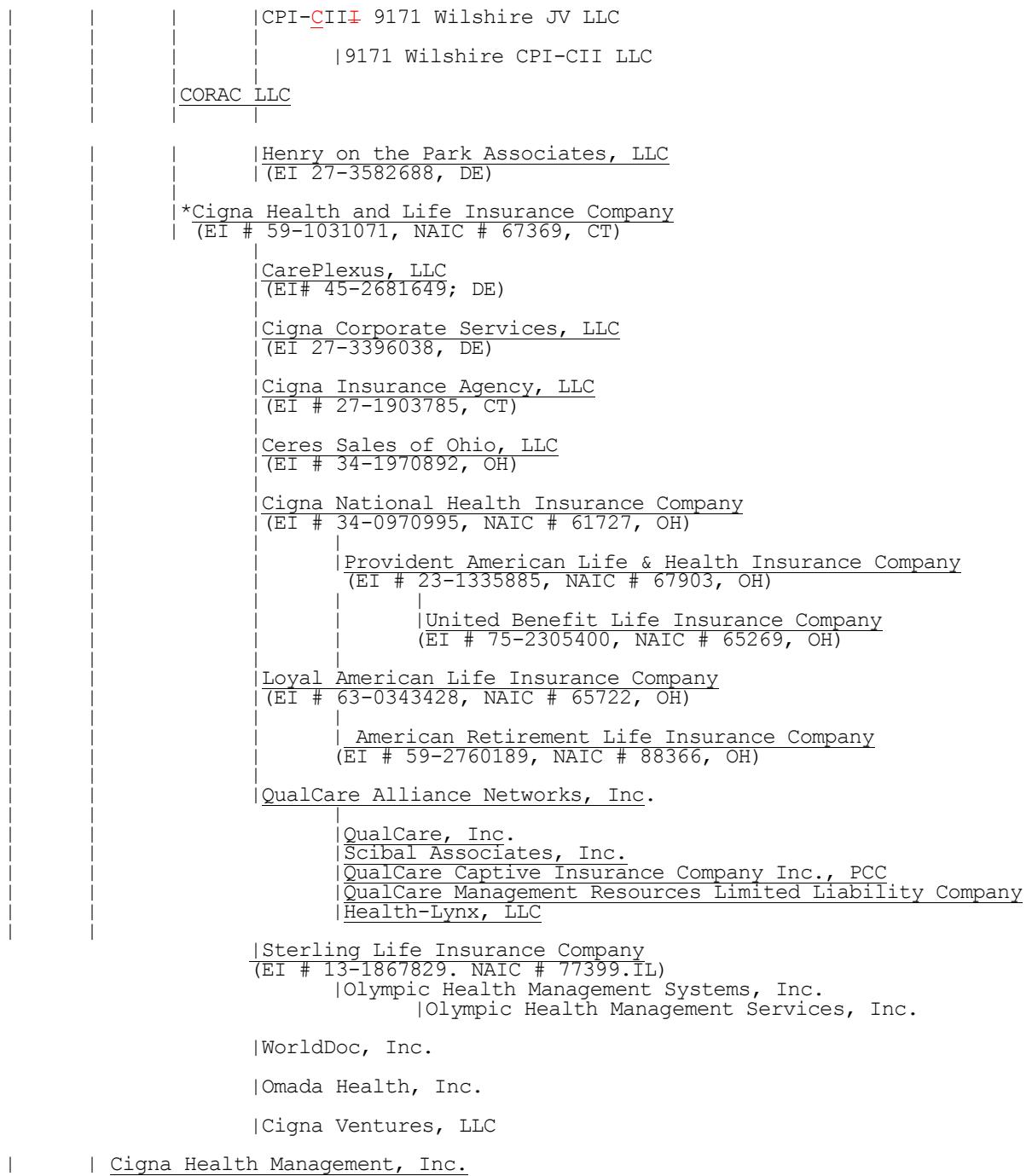
Cigna Healthcare Holdings, Inc.  
(EI# 84-0985843)

Great-West Healthcare of Illinois, Inc.  
(EI# 93-1174749, NAIC 95388, IL)

**Q12.4**



AMD Apartments Limited Partnership  
PUR Arbors Apartments Venture LLC  
CG Seventh Street, LLC  
Ideal Properties II LLC  
Mallory Square Partners I, LLC  
Houston Briar Forest Apartments Limited Partnership  
Newtown Partners II, LP  
Newtown Square GP LLC  
SB-SNH LLC  
| 680 Investors LLC  
| 685 New Hampshire LLC  
CGGL 18301 LLC  
222 Main Street Caring GP LLC  
222 Main Street Investors LP  
Notch 8 Residential, L.L.C.  
UVL, LLC  
3601 North Fairfax Drive Associates, LLC  
CI Perris 151, LLC  
Lakehills CM - CG LLC  
Affiliated Hotel Subsidiary LLC  
CGGL 6280 LLC  
Berewick Apartments LLC  
CIG-LEI Ygnacio Associates LLC  
CGGL Orange Collection LLC  
| CGGL Chapman LLC  
| CGGL City Parkway LLC  
Heights at Bear Creek Venture LLC  
SOMA Apartments Venture LLC  
Arbor Heights Venture LLC  
CG/Wood ALTA 601, LLC



| (EI# 23-1728483, DE)

| Kronos Optimal Health Company  
(20-8064696, AZ)

| \*Life Insurance Company of North America  
(EI# 23-1503749, NAIC # 65498, PA)

| | \*Cigna & CMB Life Insurance Company Limited  
(remaining interest owned by an unaffiliated party)  
| | Cigna & CMB Health Services Company, Ltd.

| | Cigna Direct Marketing Company, Inc.

| | Tel-Drug, Inc.

| | Cigna Global Wellbeing Holdings Limited

| | | Cigna Global Wellbeing Solutions Limited  
| | | Vielife Services, Inc.

| | CG Individual Tax Benefit Payments, Inc.

| | CG Life Pension Benefits Payments, Inc.

| | CG LINA Pension Benefits Payments, Inc.

| | Cigna Federal Benefits, Inc.

| | Cigna Healthcare Benefits, Inc.

| | Cigna Integratedcare, Inc.

| | Cigna Managed Care Benefits Company

| | Cigna Re Corporation

| | | Blodget & Hazard Limited

| | Cigna Resource Manager, Inc.

| | Connecticut General Benefit Payments, Inc.

| | Healthsource Benefits, Inc.

| | IHN, Inc.

| | LINA Benefit Payments, Inc.

| | Mediversal, Inc.

| | | Universal Claims Administration

| | Brighter, Inc  
| | | Patient Provider Alliance, Inc

| | Cigna Global Holdings, Inc.

| | | Cigna International Corporation, Inc.

| | | Cigna International Services, Inc.

**Q12.8**

					<u>Cigna International Marketing (Thailand) Limited</u>
					<u>CGO Participatos LTDA</u>
					<u>YCFM Servicos LTDA</u>
					<u>*Cigna Global Reinsurance Company, Ltd.</u>
					<u>Cigna Holdings Overseas, Inc.</u>
					<u>Cigna Bellevue Alpha LLC</u>
					<u>Cigna Linden Holdings, Inc.</u>
					<u>Cigna Laurel Holdings, Ltd.</u>
					Cigna Palmetto Holdings, Ltd.
					<u>Cigna Apac Holdings Limited</u>
					<u>Cigna Alder Holdings, LLC</u>
					+ <u>Cigna Walnut Holdings, Ltd.</u>
					<u>Cigna Chestnut Holdings, Ltd.</u>
					<u>*LINA Life Insurance Company of Korea</u>
					<u>Cigna International Services Australia Pty Ltd.</u>
					<u>Cigna Hong Kong Holdings Company Limited</u>
					<u>Cigna Data Services (Shanghai) Company Limited</u>
					<u>Cigna HLA Technology Services Limited</u>
					* <u>Cigna Worldwide General Insurance Company Limited</u>
					* <u>Cigna Worldwide Life Insurance Company Limited</u>
					<u>Cigna International Health Services Sdn Bhd.</u>
					* <u>Cigna Life Insurance New Zealand Limited</u>
					<u>Grown Ups New Zealand Limited</u>
					* <u>Cigna Life Insurance Company of Canada</u>   (AA-1560515)
					<u>Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)</u>
					<u>LINA Financial Service</u>
					<u>Cigna Nederland Gamma B.V.</u>
					<u>Cigna Finans Emeklilik Ve Hayat A.S.</u>
					<u>RHP (Thailand) Limited</u>
					* <u>Cigna Brokerage &amp; Marketing (Thailand) Limited</u>
					<u>KDM (Thailand) Limited</u>
					* <u>Cigna Insurance Public Company Limited</u>
					<u>Cigna Taiwan Life Assurance Company Limited</u>

					<u>Cigna Myrtle Holdings, Ltd.</u>
					<u>Cigna Elmwood Holdings, SPRL</u>
					<u>Cigna Beechwood Holdings</u> Cigna Life Insurance Company of Europe S.A.-N.V. Cigna Europe Insurance Company S.A.-N.V.
					<u>Cigna European Services (UK) Limited</u>
					<u>Cigna 2000 UK Pension LTD</u>
					<u>Cigna Oak Holdings, LTD.</u>
					Cigna Willow Holdings, LTD.
					<u>FirstAssist Administration Limited</u>
					<u>Cigna Legal Protection U.K. Ltd.</u>
					<u>Cigna Insurance Services (Europe) Ltd.</u>
					<u>Cigna International Health Services, BVBA</u>
					<u>Cigna International Health Services, LLC</u>
					<u>Cigna International Health Services Kenya Limited</u>
					<u>Cigna Sequoia Holdings, SPRL</u>
					<u>Cigna Cedar Holdings, Ltd.</u>
					<u>Cigna Insurance Middle East S.A.L.</u>
					<u>Cigna Insurance Management Services (DIFC), Ltd.</u>
					<u>Cigna Magnolia Holdings, Ltd.</u>
					<u>Cigna Turkey Danismanlik Hizmetleri, A.S</u> (A/K/A <u>Cigna Turkey Consultancy Services, A.S.</u> )
					<u>Cigna Nederland Alpha Cooperatief U.A.</u>
					<u>Cigna Nederland Beta B.V.</u>
					<u>Cigna Health Solution India Pvt. Ltd.</u>
					<u>Cigna Poplar Holdings, Inc.</u>
					<u>PT GAR Indonesia</u> <u>PT PGU Indonesia</u>
					<u>*Cigna Global Insurance Company Limited</u>
					<u>Cigna TTK Health Insurance Company Limited</u>
					<u>*Cigna Worldwide Insurance Company</u> (EI# 23-2088429, NAIC # 90859, DE)

			<u>*PT. Asuransi Cigna</u>
			Cigna Teak Holdings, LLC

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
<b>Members</b>															
0901	Cigna Group.....		06-1059331..	1591167	701221	US.....	Cigna Corporation.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		06-1072796..				Cigna Holdings, Inc.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		82-4991898..				HalfMoon Parent, Inc.....	DE.....	NIA.....	Cigna Corporation.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		82-5339235..				HalfMoon I, Inc.....	DE.....	NIA.....	HalfMoon Parent, Inc.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		00-0000000..				HalfMoon II, Inc.....	DE.....	NIA.....	HalfMoon Parent, Inc.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		51-0402128..				Cigna Intellectual Property, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		06-1095823..				Cigna Investment Group, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		52-0291385..				Cigna International Finance, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		23-1914061..				Former Cigna Investments, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		06-0861092..				Cigna Investments, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		01-0947889..		1489070		Cigna Benefits Financing, Inc.....	DE.....	NIA.....	Cigna Investments, Inc.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		81-2760646..				CareAllies, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		06-0840391..				Connecticut General Corporation.....	CT.....	UIP.....	Cigna Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		81-0585518..				Benefit Management Corp.....	MT.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....	12814..	20-4433475..				Allegiance Life & Health Insurance Company.....	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	.94.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		20-3851464..				Allegiance Re, Inc.....	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		81-0400550..				Allegiance Benefit Plan Management, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		71-0916514..				Allegiance COBRA Services, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		00-0000000..				Allegiance Provider Direct, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		00-0000000..				Community Health Network, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	.50.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		81-0425785..				Intermountain Underwriters, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		00-0000000..				Allegiance Care Management, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		20-1821898..		1339553		HealthSpring, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		76-0628370..				NewQuest, LLC.....	TX.....	NIA.....	HealthSpring, Inc.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		52-1929677..				NewQuest Management Northeast, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....	10095..	52-2259087..				Bravo Health Mid-Atlantic, Inc.....	MD.....	IA.....	NewQuest Management Northeast, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....	11254..	52-2363406..				Bravo Health Pennsylvania, Inc.....	PA.....	IA.....	NewQuest Management Northeast, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....	12902..	20-8534298..				HealthSpring Life & Health Insurance Company, Inc.....	TX.....	IA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....	11532..	65-1129599..				HealthSpring of Florida, Inc.....	FL.....	IA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		77-0632665..				NewQuest Management of Illinois, LLC.....	IL.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		20-4954206..				NewQuest Management of Florida, LLC.....	GA.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		20-8647386..				HealthSpring Management of America, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		45-0633893..				NewQuest Management of West Virginia, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		75-3108527..				TexQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		75-3108521..				HouQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		76-0657035..				GulfQuest, LP.....	TX.....	NIA.....	HouQuest, LLC.....	Ownership.....	.99.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		33-1033586..				NewQuest Management of Alabama, LLC.....	AL.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		72-1559530..				HealthSpring USA, LLC.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		20-5524622..				Tennessee Quest, LLC.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		26-2353476..				HealthSpring Pharmacy Services, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		26-235372..				HealthSpring Pharmacy of Tennessee, LLC.....	DE.....	NIA.....	HealthSpring Pharmacy Services, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	
0901	Cigna Group.....		20-4266628..				Home Physicians Management, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	..N.	

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	35-2562415..					Alegis Care Services, LLC.....	DE.....	NIA.....	Home Physicians Management, LLC.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....	13733..	03-0452349..				Cigna Arbor Life Insurance Company.....	CT.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		41-1648670..				Cigna Behavioral Health, Inc.....	MN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		94-3107309..				Cigna Behavioral Health of California, Inc.....	CA.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		75-2751090..				Cigna Behavioral Health of Texas, Inc. ....	TX.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
							MCC Independent Practice Association of New York, Inc. ....	NY.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		06-1346406..				Cigna Dental Health, Inc.....	FL.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		59-2308055..				Cigna Dental Health Of California, Inc.....	CA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		59-2600475..				Cigna Dental Health Of Colorado, Inc.....	CO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		11175..	59-2675861..			Cigna Dental Health Of Delaware, Inc.....	DE.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		95380..	59-2676987..			Cigna Dental Health Of Florida, Inc.....	FL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		52021..	59-1611217..			Cigna Dental Health Of Illinois, Inc.....	IL.....	NIA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		06-1351097..				Cigna Dental Health Of Kansas, Inc.....	KS.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		52024..	59-2625350..			Cigna Dental Health Of Kentucky, Inc.....	KY.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		52108..	59-2619589..			Cigna Dental Health Of Missouri, Inc.....	MO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		11160..	06-1582068..			Cigna Dental Health Of New Jersey, Inc.....	NJ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		11167..	59-2308062..			Cigna Dental Health Of North Carolina, Inc.....	NC.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		95179..	56-1803464..			Cigna Dental Health Of Ohio, Inc.....	OH.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		47805..	59-2579774..			Cigna Dental Health Of Pennsylvania, Inc.....	PA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		47041..	52-1220578..			Cigna Dental Health Of Texas, Inc.....	TX.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		95037..	59-2676977..			Cigna Dental Health Of Virginia, Inc.....	VA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		52617..	52-2188914..			Cigna Dental Health Plan Of Arizona, Inc.....	AZ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		47013..	86-0807222..			Cigna Dental Health Of Maryland, Inc.....	MD.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		48119..	59-2740468..			Cigna Health Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		62-1312478..				Healthsource, Inc.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		02-0387748..		855587		Cigna HealthCare of Arizona, Inc.....	AZ.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		95125..	86-0334392..			Cigna HealthCare of California, Inc.....	CA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		95-3310115..				Cigna HealthCare of Colorado, Inc.....	CO.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		95604..	84-1004500..			Cigna HealthCare of Connecticut, Inc.....	CT.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		95660..	06-1141174..			Cigna HealthCare of Florida, Inc.....	FL.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		95136..	59-2089259..			Cigna HealthCare of Illinois, Inc.....	IL.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		95602..	36-3385638..			Cigna HealthCare of Maine, Inc.....	ME.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		01-0418220..				Cigna HealthCare of Massachusetts, Inc.....	MA.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		02-0402111..				Cigna HealthCare Mid-Atlantic, Inc.....	MD.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		52-1404350..				Cigna HealthCare of New Hampshire, Inc.....	NH.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		95493..	02-0387749..			Cigna HealthCare of New Jersey, Inc.....	NJ.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		95500..	22-2720890..			Cigna HealthCare of Pennsylvania, Inc.....	PA.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		23-2301807..				Cigna HealthCare of St. Louis, Inc.....	MO.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		95635..	36-3359925..			Cigna HealthCare of Utah, Inc.....	UT.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		62-1230908..				Cigna HealthCare of Georgia, Inc.....	GA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		96229..	58-1641057..			Cigna HealthCare of Texas, Inc.....	TX.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		95383..	74-2767437..			Cigna HealthCare of Indiana, Inc.....	IN.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....
0901	Cigna Group.....		95525..	35-1679172..											

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	95606..	62-1218053..				Cigna HealthCare of Tennessee, Inc.....	TN.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....	95132..	56-1479515..				Cigna HealthCare of North Carolina, Inc.....	NC.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....	95708..	06-1185590..				Cigna HealthCare of South Carolina, Inc.....	SC.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-0000000..				Temple Insurance Company Limited.....	BMU.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		86-3581583..				Arizona Health Plan, Inc. ....	AZ.....	NIA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		02-0467679..				Healthsource Properties, Inc. ....	NH.....	NIA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-0000000..				Managed Care Consultants, Inc. ....	NV.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		02-0515554..				Cigna Benefit Technology Solutions, Inc. ....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		35-1641636..				Sagamore Health Network, Inc. ....	IN.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		84-0985843..				Cigna Healthcare Holdings, Inc. ....	CO.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		93-1174749..				Great-West Healthcare of Illinois, Inc. ....	IL.....	NIA.....	Cigna Healthcare Holdings, Inc. ....	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		02-0495422..				Cigna Healthcare, Inc. ....	VT.....	NIA.....	Cigna Healthcare Holdings, Inc. ....	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....	64548..	13-2556568..	3281743	23419		Cigna Life Insurance Company of New York....	NY.....	IA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....	62308..	06-0303370..				Connecticut General Life Insurance Company....	CT.....	IA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		45-3481107..				CG Mystic Center LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		45-3481241..				CG Mystic Land LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		20-3870049..				CG Skyline, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		26-0180898..				CareAllies, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		32-0222252..				Cigna Onsite Health, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company	Ownership.....	..100.000	Cigna Corporation.....	.Y.	
0901	Cigna Group.....		00-0000000..				Gillette Ridge Community Council, Inc. ....	CT.....	IA.....	Connecticut General Life Insurance Company	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-3700105..				Gillette Ridge Golf, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		52-2149519..				Hazard Center Investment Company LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		23-3074013..				TEL-DRUG of Pennsylvania, L.L.C. ....	PA.....	IA.....	Connecticut General Life Insurance Company	Ownership.....	..100.000	Cigna Corporation.....	.Y.	
0901	Cigna Group.....		00-0000000..				GRG Acquisitions LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company	Ownership.....	..100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		27-5402196..				Cigna Affiliates Realty Investment Group LLC. ....	DE.....	NIA.....	Connecticut General Life Insurance Company	Ownership.....	..100.000	Cigna Corporation.....	.N.	
							CR Longwood Investors L.P. ....	DE.....	IA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.27.030	Charles River Realty Longwood, LLC (non-affiliate)	.N.	
0901	Cigna Group.....		00-0000000..				ND/CR Longwood LLC.....	DE.....	IA.....	CR Longwood Investors L.P. ....	Ownership.....	.95.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-0000000..				ARE/ND/CR Longwood LLC.....	DE.....	IA.....	ND / CR Longwood LLC.....	Ownership.....	.35.000	ARE-MA Region No. 41, LLC (non-affiliate)....	.N.	
							Secon Properties, LP.....	CA.....	IA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.50.000	South Coast Plaza Associates, LLC (non-affiliate)	.N.	
0901	Cigna Group.....		00-0000000..				Transwestern Federal Holdings, L.L.C. ....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.7.616	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-0000000..				Transwestern Federal , L.L.C. ....	DE.....	NIA.....	Transwestern Federal Holdings, L.L.C. ....	Ownership.....	.7.616	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-0000000..				Market Street Residential Holdings LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.85.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-0000000..				Arborpoint at Market Street LLC.....	DE.....	NIA.....	Market Street Residential Holdings LLC.....	Ownership.....	.100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-0000000..				Diamondview Tower CM-CG LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation.....	.N.	
							CR Washington Street Investors LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.33.820	Charles River Washington Street LLC (non-affiliate)	.N.	
0901	Cigna Group.....		00-0000000..				Dulles Town Center Mall, LLC.....	VA.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.50.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-0000000..				ND/CR Unicorn LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.70.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-0000000..				AMD Apartments Limited Partership.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.80.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-0000000..				PUR Arbors Apartments Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.87.500	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-0000000..				CG Seventh Street LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.87.500	Cigna Corporation.....	.N.	

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		00-0000000..				Ideal Properties II LLC.....	CA.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.85.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		80-0908244..				Mallory Square Partners I, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.80.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Houston Briar Forest Apartments Limited Partnership	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.80.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Newtown Partners II, LP.....	MD.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.71.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Newtown Square GP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.50.000	Cigna Corporation and Newtown Square .....	N.....	
0901	Cigna Group.....		00-0000000..				SB-SNH LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.85.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				680 Investors LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	.85.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				685 New Hampshire LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	.85.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				CGGL 18301 LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				222 Main Street CARING GP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				222 Main Street Investors LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Notch 8 Residential, L.L.C.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.85.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				UVL, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.71.400	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				3601 North Fairfax Drive Associates, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		47-4235739..				CI Perris 151, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.75.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		47-4375626..				Lakehills CM-CG LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		30-0939067..				Affiliated Hotel Subsidiary.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		81-2481274..				CGGL 6280 LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		81-2650133..				Berewick Apartments LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.85.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		81-3389374..				CIG-LEI Ygnacio Associates LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		61-1797835..				CGGL Orange Collection LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		81-3281922..				CGGL Chapman LLC.....	DE.....	NIA.....	CGGL Orange Collection LLC.....	Ownership.....	.90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		81-3313562..				CGGL City Parkway LLC.....	DE.....	NIA.....	CGGL Orange Collection LLC.....	Ownership.....	.90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		81-4139432..				Heights at Bear Creek Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		82-1732483..				SOMA Apartments Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		82-3315524..				Arbor Heights Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		82-1280312..				CG/Wood ALTA 601, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		27-0268530..				CORAC, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company	Ownership.....	.50.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		82-4936006..				CPI-CII 9171 Wilshire JV LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		82-4794800..				9171 Wilshire CPI-CII LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		27-3582688..				Henry on the Park Associates, LLC.....	DE.....	IA.....	Corac, LLC .....	Ownership.....	.80.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....	67369..	59-1031071..				Cigna Health and Life Insurance Company.....	CT.....	UDP.....	Connecticut General Life Insurance Company	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		45-2681649..				CarePlexus, LLC.....	DE.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		27-3396038..				Cigna Corporate Services, LLC.....	DE.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		27-1903785..				Cigna Insurance Agency, LLC.....	CT.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		34-1970892..				Ceres Sales of Ohio, LLC.....	OH.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	.100.000	Cigna Corporation.....	Y.....	
0901	Cigna Group.....		61727..	34-0970995..			Cigna National Health Insurance Company.....	OH.....	UIP.....	Cigna Health and Life Insurance Company.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		67903..	23-1335885..			Provident American Life & Health Insurance Company	OH.....	UDP.....	Cigna National Health Insurance Company.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		65269..	75-2305400..			United Benefit Life Insurance Company.....	OH.....	RE.....	Provident American Life and Health Insurance Company	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		65722..	63-0343428..			Loyal American Life Insurance Company.....	OH.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	88366..	59-2760189..				American Retirement Life Insurance Company.	OH.....	IA.....	Loyal American Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		23-3744987..				QualCare Alliance Networks, Inc.....	NJ.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	.Y.	
0901	Cigna Group.....		22-3129563..				QualCare, Inc.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		22-2483867..				Scibal Associates, Inc.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		46-1634843..				QualCare Captive Insurance Company Inc., PCC	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		46-1801639..				QualCare Management Resources Limited Liability Company	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		46-2086778..				Health-Lynx, LLC.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....	77399..	13-1867829..		1259055		Sterling Life Insurance Company.....	IL.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		91-1500758..				Olympic Health Management Systems, Inc.....	WA.....	NIA.....	Sterling Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		91-1599329..				Olympic Health Management Services, Inc.....	WA.....	NIA.....	Olympic Health Management Systems, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		88-0455414..		1462078		WorldDoc, Inc.....	NV.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	.20.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		45-2355015..		1611115		Omada Health, Inc.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	7.693	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-0000000..				Cigna Ventures, LLC.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		23-1728483..				Cigna Health Management, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		20-8064696..				Kronos Optimal Health Company.....	AZ.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....	65498..	23-1503749..		59361		Life Insurance Company of North America.....	PA.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-0000000..				Cigna & CMB Life Insurance Company Limited	CHN.....	IA.....	Life Insurance Company of North America.....	Ownership.....	.50.000	Cigna Corporation.....	.Y.	
0901	Cigna Group.....		00-0000000..				Cigna & CMB Health Services Company, Ltd.....	CHN.....	NIA.....	Limited	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		58-1136865..				Cigna Direct Marketing Company, Inc.....	DE.....	NIA.....	Life Insurance Company of North America.....	Ownership.....	...100.000	Cigna Corporation.....	.Y.	
0901	Cigna Group.....		46-0427127..				Tel-Drug, Inc.....	SD.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-0000000..				Cigna Global Wellbeing Holdings Limited.....	GBR.....	NIA.....	Connecticut General Corporation.....	Ownership.....	.70.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		00-0000000..				Cigna Global Wellbeing Solutions Limited.....	GBR.....	NIA.....	Cigna Global Wellbeing Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		98-0463704..				Vielife Services, Inc.....	DE.....	NIA.....	Cigna Global Wellbeing Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		06-1332403..				CG Individual Tax Benefits Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		06-1332405..				CG Life Pension Benefits Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		06-1332401..				CG LINA Pension Benefits Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		62-1724116..				Cigna Federal Benefits, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		23-2741293..				Cigna Healthcare Benefits, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		23-2924152..				Cigna Integratedcare, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		23-2741294..				Cigna Managed Care Benefits Company.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		06-1071502..				Cigna RE Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		06-1522976..				Blodget & Hazard Limited.....	GBR.....	NIA.....	Cigna Re Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		06-1567902..				Cigna Resource Manager, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		06-1252419..				Connecticut General Benefit Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		06-1533555..				Healthsource Benefits, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		35-2041388..				IHN, Inc.....	IN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		06-1252418..				LINA Benefit Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		88-0334401..				Mediversal, Inc.....	NV.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		88-0344624..				Universal Claims Administration.....	MT.....	NIA.....	Mediversal, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		27-1713977..				Brighter, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	
0901	Cigna Group.....		80-0818758..				Patient Provider Alliance, Inc.....	DE.....	NIA.....	Brighter, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.N.	

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	51-0389196..				Cigna Global Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	51-0111677..				Cigna International Corporation, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	23-2610178..				Cigna International Services, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	30-3087621..				Limited	THA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...99.900	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				CGO PARTICIPATOS LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...99.780	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				YCFM Servicos LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	.56.020	Cigna Corporation.....		N.....	
0901	Cigna Group.....	AA-3190987..				Cigna Global Reinsurance Company, Ltd.....	BMU.....	IA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	23-3009279..				Cigna Holdings Overseas, Inc.....	DE.....	NIA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna Bellevue Alpha LLC.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	46-4110289..				Cigna Linden Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	.80.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	98-1146864..				Cigna Laurel Holdings, Ltd.....	BMU.....	NIA.....	Cigna Linden Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna Palmetto Holdings, Ltd.....	BMU.....	NIA.....	Cigna Laurel Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna Apac Holdings Limited.....	BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna Alder Holdings, LLC.....	DE.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna Walnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	98-1137759..				Cigna Chestnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Walnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna Nederland Gamma B.V.....	NLD.....	NIA.....	Cigna Walnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna Finans Emeklilik Ve Hayat A.S.....	TUR.....	NIA.....	Cigna Nederland Gamma, B.V.....	Ownership.....	.51.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				LINA Life Insurance Company of Korea.....	KOR.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna International Services Australia Pty Ltd.....	AUS.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna Hong Kong Holdings Company Limited.....	HKG.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna Data Services (Shanghai) Company Limited.....	CHN.....	NIA.....	Cigna Hong Kong Holdings Company Limited	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna HLA Technology Services Limited .....	HKG.....	NIA.....	Cigna Hong Kong Holdings Company Limited	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna Worldwide General Insurance Company Limited.....	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna Worldwide Life Insurance Company Limited.....	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna International Health Services Sdn. Bhd.....	MYS.....	NIA.....	Cigna Hong Kong Holdings Company Limited	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna Life Insurance New Zealand Limited.....	NZL.....	IA.....	Cigna International Health Services Sdn. Bhd.	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	119-599-164..				Grown Ups New Zealand Limited.....	NZL.....	NIA.....	Cigna Life Insurance New Zealand Limited....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	AA-1560515..				Cigna Life Insurance Company of Canada.....	CAN.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited)	KOR.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				LINA Financial Service.....	KOR.....	NIA.....	Cigna Korea Chusik Heosa .....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				RHP (Thailand) Limited.....	THA.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	.49.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Limited	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	.75.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				KDM (Thailand) Limited .....	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	.99.900	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna Insurance Public Company Limited.....	THA.....	IA.....	KDM Thailand Limited.....	Ownership.....	.75.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	00-0000000..				Cigna Taiwan Life Assurance Company Limited	TWN.....	IA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	98-1154657..				Cigna Myrtle Holdings, Ltd.....	MLT.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	.50.540	Cigna Corporation.....		N.....	
0901	Cigna Group.....	98-1155943..				Cigna Elmwood Holdings, SPRL.....	BEL.....	NIA.....	Cigna Myrtle Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	98-1181787..				Cigna Beechwood Holdings.....	BEL.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	.51.000	Cigna Corporation.....		N.....	
0901	Cigna Group.....	AA-1240009..				Cigna Life Insurance Company of Europe S.A.-N.V.	BEL.....	IA.....	Cigna Beechwood Holdings.....	Ownership.....	.99.993	Cigna Corporation.....		N.....	

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		00-0000000..				Cigna Europe Insurance Company S.A.-N.V.....	BEL.....	IA.....	Cigna Beechwood Holdings.....	Ownership.....	.99.999	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna European Services (UK) Limited.....	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				CIGNA 2000 UK Pension LTD.....	GBR.....	NIA.....	Cigna European Services (UK) Limited.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Oak Holdings, Ltd.....	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Willow Holdings, Ltd.....	GBR.....	NIA.....	Cigna Oak Holdings, Ltd.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				FirstAssist Administration Limited .....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Legal Protection U.K. Ltd.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Insurance Services (Europe) Limited.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna International Health Services, BVBA.....	BEL.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	.51.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna International Health Services, LLC .....	FL.....	NIA.....	Cigna International Health Services, BVBA.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
Q13.6							Cigna International Health Services Kenya Limited	KEN.....	NIA.....	Cigna International Health Services, BVBA.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
							Cigna Sequoia Holdings SPRL.....	BEL.....	NIA.....	Cigna Myrtle Holdings, Ltd.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
							Cigna Cedar Holdings, Ltd.....	MLT.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
							Cigna Insurance Middle East S.A.L.....	LBN.....	IA.....	Cigna Cedar Holdings, Ltd.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
							Cigna Insurance Management Services (DIFC), Ltd.	ARE.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
							Cigna Magnolia Holdings, Ltd.....	BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.)	TUR.....	NIA.....	Cigna Magnolia Holdings, Ltd.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Nederland Alpha Cooperatief U.A.....	NLD.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	.99.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Nederland Beta B.V.....	NLD.....	NIA.....	Cigna Nederland Alpha Cooperatief U.A.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Health Solution India Pvt. Ltd.....	IND.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	.99.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		46-4099800..				Cigna Poplar Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				PT GAR Indonesia.....	IDN.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	.99.160	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				PT PGU Indonesia.....	IDN.....	NIA.....	PT GAR Indonesia.....	Ownership.....	.99.990	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Global Insurance Company Limited.....	GGY.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	.99.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				CignaTTK Health Insurance Company Limited.....	IND.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	.49.000	TTK (non-affiliate).....	N.....	
0901	Cigna Group.....	90859..	23-2088429..				Cigna Worldwide Insurance Company.....	DE.....	IA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	.100.000	Cigna Corporation.....	Y.....	
0901	Cigna Group.....	AA-5360003..					PT. Asuransi Cigna.....	IDN.....	IA.....	Cigna Worldwide Insurance Company.....	Ownership.....	.80.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....	00-0000000..					Cigna Teak Holdings, LLC.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	.100.000	Cigna Corporation.....	N.....	

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
4. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
5. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC?	NO
6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC?	NO
7. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC?	NO

**Explanations:**

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.
5. The data for this supplement is not required to be filed.
6. The data for this supplement is not required to be filed.
7. The data for this supplement is not required to be filed.

**Bar Code:**

**United Benefit Life Insurance Company**  
**Overflow Page for Write-Ins**

**NONE**

**United Benefit Life Insurance Company**  
**SCHEDULE A - VERIFICATION**

## Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other-than-temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	.0	.0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	.0	.0

**NONE**

**SCHEDULE B - VERIFICATION**

## Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	.0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.0	.0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	.0	.0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	.0	.0

**SCHEDULE BA - VERIFICATION**

## Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.0	.0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	.0	.0

**SCHEDULE D - VERIFICATION**

## Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	2,588,568	2,535,780
2. Cost of bonds and stocks acquired.....		55,926
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration for bonds and stocks disposed of.....		
7. Deduct amortization of premium.....	1,622	3,138
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7-8-9+10).....	2,586,946	2,588,568
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	2,586,946	2,588,568

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	2,640,696	280		(836)	2,640,696	2,640,140		2,840,535
2. NAIC 2 (a).....						0		
3. NAIC 3 (a).....						0		
4. NAIC 4 (a).....						0		
5. NAIC 5 (a).....						0		
6. NAIC 6 (a).....						0		
7. Total Bonds.....	2,640,696	280	0	(836)	2,640,696	2,640,140	0	2,840,535
<b>PREFERRED STOCK</b>								
8. NAIC 1.....						0		
9. NAIC 2.....						0		
10. NAIC 3.....						0		
11. NAIC 4.....						0		
12. NAIC 5.....						0		
13. NAIC 6.....						0		
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	2,640,696	280	0	(836)	2,640,696	2,640,140	0	2,840,535

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

NAIC 1 \$.....53,193; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

**United Benefit Life Insurance Company**  
**SCHEDULE DA - PART 1**

## Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	53,193	XXX.....	53,193	1,226	

**SCHEDULE DA - VERIFICATION**

## Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	251,967	249,088
2. Cost of short-term investments acquired.....	1,226	2,879
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	200,000	
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	53,193	251,967
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	53,193	251,967

**Sch. DB - Pt. A - Verification**  
**NONE**

**Sch. DB - Pt. B - Verification**  
**NONE**

**Sch. DB - Pt. C - Sn. 1**  
**NONE**

**Sch. DB - Pt. C - Sn. 2**  
**NONE**

**Sch. DB - Verification**  
**NONE**

**Sch. E - Pt. 2 Verification**  
**NONE**

**Sch. A - Pt. 2**  
**NONE**

**Sch. A - Pt. 3**  
**NONE**

**Sch. B - Pt. 2**  
**NONE**

**Sch. B - Pt. 3**  
**NONE**

**Sch. BA - Pt. 2**  
**NONE**

**Sch. BA - Pt. 3**  
**NONE**

**Sch. D - Pt. 3**  
**NONE**

**Sch. D - Pt. 4**  
**NONE**

**Sch. DB - Pt. A - Sn. 1**  
**NONE**

**Sch. DB - Pt. B - Sn. 1**  
**NONE**

**Sch. DB - Pt. D - Sn. 1**  
**NONE**

**Sch. DB - Pt. D - Sn. 2**  
**NONE**

**Sch. DL - Pt. 1**  
**NONE**

**Sch. DL - Pt. 2**  
**NONE**

**United Benefit Life Insurance Company**  
**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>								
JPMorgan Chase..... Brooklyn, NY.....					107,974	107,974	107,974	XXX
JPMorgan Chase..... Austin, TX.....					235,084	229,749	187,174	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....0	.....0	343,058	337,723	295,148	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....0	.....0	343,058	337,723	295,148	XXX
0599999. Total Cash.....	XXX	XXX	.....0	.....0	343,058	337,723	295,148	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
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**NONE**