



QUARTERLY STATEMENT

As of September 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 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i> | |
| Main Administrative Office | 11200 Lakeline Blvd Ste 100 .. Austin .. TX .. US .. 78717 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i> | 512-451-2224 <i>(Area Code) (Telephone Number)</i> |
| Mail Address | 11200 Lakeline Blvd Ste 100 .. Austin .. TX .. US .. 78717 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i> | |
| Primary Location of Books and Records | 11200 Lakeline Blvd Ste 100 .. Austin .. TX .. US .. 78717 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i> | 512-451-2224 <i>(Area Code) (Telephone Number)</i> |
| Internet Web Site Address | | |
| Statutory Statement Contact | Renee Wilkins Feldman <i>(Name)</i> CSBFinRpt@cigna.com <i>(E-Mail Address)</i> | (512) 531-1465 <i>(Area Code) (Telephone Number) (Extension)</i> 512-467-1399 <i>(Fax Number)</i> |

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 |

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 McGoarty | Vice President |
| Maureen Hardiman Ryan | Vice President and Assistant Treasurer | | |

DIRECTORS OR TRUSTEES

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

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) |
|--|--|--|

Subscribed and sworn to before me
This _____ day of _____ November 2018

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

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..... | 2,586,139 | | 2,586,139 | 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 (\$.....291,031), cash equivalents (\$.....0) and short-term investments (\$.....53,480)..... | 344,511 | | 344,511 | 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)..... | 2,930,650 | 0 | 2,930,650 | 3,187,363 |
| 13. Title plants less \$.....0 charged off (for Title insurers only)..... | | | 0 | |
| 14. Investment income due and accrued..... | 21,662 | | 21,662 | 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..... | 132,525 | | 132,525 | |
| 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..... | 0 | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)..... | 3,085,628 | 0 | 3,085,628 | 3,204,406 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 | |
| 28. Total (Lines 26 and 27)..... | 3,085,628 | 0 | 3,085,628 | 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..... | | | 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)..... | 0 | 0 | 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..... | 35,695 | 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..... | | |
| 12. General expenses due or accrued..... | 222 | 857 |
| 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..... | 3,670 | 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..... | (0) | |
| 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..... | 13,900 | 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)..... | 53,487 | 282,176 |
| 27. From Separate Accounts statement..... | | |
| 28. Total liabilities (Lines 26 and 27)..... | 53,487 | 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)..... | (17,288,524) | (17,398,435) |
| 36. Less treasury stock, at cost: | | |
| 36.10.000 shares common (value included in Line 29 \$.....0)..... | | |
| 36.20.000 shares preferred (value included in Line 30 \$.....0)..... | | |
| 37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement)..... | 1,532,141 | 1,422,230 |
| 38. Totals of Lines 29, 30 and 37..... | 3,032,141 | 2,922,230 |
| 39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)..... | 3,085,628 | 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..... | 36,860 | 37,225 | 50,011 |
| 4. Amortization of Interest Maintenance Reserve (IMR)..... | 2,660 | 2,430 | 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..... | | | |
| 8.3 Aggregate write-ins for miscellaneous income..... | 6,694 | 6,516 | 8,514 |
| 9. Totals (Lines 1 to 8.3)..... | 46,214 | 46,171 | 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..... | 29,058 | 30,687 | 38,999 |
| 24. Insurance taxes, licenses and fees, excluding federal income taxes..... | 39,722 | 42,191 | 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 | 281 | 281 |
| 28. Totals (Lines 20 to 27)..... | 68,830 | 73,159 | 85,831 |
| 29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)..... | (22,616) | (26,988) | (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)..... | (22,616) | (26,988) | (24,066) |
| 32. Federal and foreign income taxes incurred (excluding tax on capital gains)..... | (132,525) | | |
| 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)..... | 109,909 | (26,988) | (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)..... | 109,909 | (26,988) | (24,066) |

CAPITAL AND SURPLUS ACCOUNT

| | | | |
|---|-----------|-----------|-----------|
| 36. Capital and surplus, December 31, prior year..... | 2,922,230 | 2,945,947 | 2,945,947 |
| 37. Net income (Line 35)..... | 109,909 | (26,988) | (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 | | (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..... | | | |
| 53. Aggregate write-ins for gains and losses in surplus..... | 0 | 0 | 0 |
| 54. Net change in capital and surplus (Lines 37 through 53)..... | 109,911 | (26,637) | (23,717) |
| 55. Capital and surplus as of statement date (Lines 36 + 54)..... | 3,032,141 | 2,919,310 | 2,922,230 |

DETAILS OF WRITE-INS

| | | | |
|---|-------|-------|-------|
| 08.301. Miscellaneous Income..... | 6,694 | 6,516 | 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)..... | 6,694 | 6,516 | 8,514 |
| 2701. Penalties..... | 50 | 281 | 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 | 281 | 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 |
|---|------------------------------|----------------------------|--------------------------------------|
| CASH FROM OPERATIONS | | | |
| 1. Premiums collected net of reinsurance..... | | | |
| 2. Net investment income..... | 34,187 | 33,959 | 52,681 |
| 3. Miscellaneous income..... | 6,694 | 6,516 | 8,514 |
| 4. Total (Lines 1 through 3)..... | 40,881 | 40,475 | 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..... | 57,165 | 69,955 | 85,025 |
| 8. Dividends paid to policyholders..... | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)..... | | | |
| 10. Total (Lines 5 through 9)..... | 57,165 | 69,955 | 85,025 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | (16,284) | (29,480) | (23,830) |
| CASH FROM INVESTMENTS | | | |
| 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) |
| CASH FROM FINANCING AND MISCELLANEOUS SOURCES | | | |
| 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)..... | (238,000) | 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)..... | (238,000) | 117,000 | 238,000 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)..... | (254,284) | 31,594 | 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)..... | 344,511 | 472,145 | 598,795 |

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

| | | | |
|---------------|--|--|--|
| 20.0001 | | | |
|---------------|--|--|--|

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 |
|---|-------|----------|------------|--------------|--------------|
| Net Income | | | | | |
| 1) United Benefit Life Insurance Company state basis (Page 4, Line 35, Columns 1 & 3) | XXX | XXX | XXX | \$ 109,909 | \$ (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 | XXX | \$ 109,909 | \$ (24,066) |
| Surplus | | | | | |
| 5) United Benefit Life Insurance Company state basis (Page 3, line 38, Columns 1 & 2) | XXX | XXX | XXX | \$ 3,032,141 | \$ 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 | XXX | \$ 3,032,141 | \$ 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.

NOTES TO FINANCIAL STATEMENTS

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 September 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 September 30, 2018.
- (4) There were no loan-backed and structured securities with a fair value lower than amortized cost as of September 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.

NOTES TO FINANCIAL STATEMENTS

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 2015 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.

NOTES TO FINANCIAL STATEMENTS

The litigation between the parties remains pending. Trial is scheduled for February 2019. Cigna believes in the merits of their claims and dispute Anthem's claims, and intends to vigorously defend themselves and pursue its 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 September 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 |
|--|----------------------|---------------------|--|---|---|----------------------------------|---|
| September 30, 2018 | | | | | | | |
| Bonds | \$ 2,509,593 | \$ 2,586,139 | \$ 2,509,593 | \$ - | \$ - | \$ - | \$ - |
| Cash, Cash Equivalents, and Short-Term Investments | 344,511 | 344,511 | 291,031 | 53,480 | - | - | - |
| Total | <u>\$ 2,854,104</u> | <u>\$ 2,930,650</u> | <u>\$ 2,800,624</u> | <u>\$ 53,480</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> |
| December 31, 2017 | | | | | | | |
| 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 | <u>\$ 3,168,340</u> | <u>\$ 3,187,363</u> | <u>\$ 2,916,373</u> | <u>\$ 251,967</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> |

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**

- A. Proposed Acquisition of Express Scripts by Cigna Corporation

NOTES TO FINANCIAL STATEMENTS

On March 8, 2018, the Company's ultimate parent entity, Cigna Corporation (Cigna), entered into an Agreement and Plan of Merger with Express Scripts Holding Company ("Express Scripts") whereby, subject to certain terms and conditions and regulatory approvals, Cigna will acquire Express Scripts. The merger is expected to be completed by December 31, 2018. The acquisition is not expected to have any impact on the Company's financial position or results of operations.

Note 22 - Events Subsequent

Management has evaluated the financial statements for subsequent events through November 13, 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.

NOTES TO FINANCIAL STATEMENTS

Note 34 - Separate Accounts

Not applicable.

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 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------------|---------------------------|
| | | |

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013
- 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:

| | 1 Prior Year End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|---|--|---|
| 14.21 Bonds | \$ 0 | \$ 0 |
| 14.22 Preferred Stock | 0 | 0 |
| 14.23 Common Stock | 0 | 0 |
| 14.24 Short-Term Investments | 0 | 0 |
| 14.25 Mortgage Loans on Real Estate | 0 | 0 |
| 14.26 All Other | 0 | 0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$ 0 | \$ 0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ 0 | \$ 0 |

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [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 Name of Custodian(s) | 2 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 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full and complete information relating thereto:

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

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

| 1 Name of Firm or Individual | 2 Affiliation |
|---------------------------------|------------------|
| 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 []
- 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 []

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

- 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]

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 [X] |
| 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 [X] |
| 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 of the reporting entity?..... | Yes [] | No [] |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of 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. | 1 | Direct Business Only | | | | | |
|---|-------------------|-------------------------|------------------------|--|----------------------|---------------------------|------------------------|
| | | Life Contracts | | 4 | 5 | 6 | 7 |
| | | 2 | 3 | | | | |
| | Active Status (a) | Life Insurance Premiums | Annuity Considerations | A&H Insurance Premiums, Including Policy Membership and Other Fees | Other Considerations | Total Columns 2 through 5 | Deposit-Type Contracts |
| 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 | 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 | 0 |
| 95. Totals (Direct Business)..... | .XXX. | 0 | 0 | 0 | 0 | 0 | 0 |
| 96. Plus Reinsurance Assumed..... | .XXX. | | | | | 0 | |
| 97. Totals (All Business)..... | .XXX. | 0 | 0 | 0 | 0 | 0 | 0 |
| 98. Less Reinsurance Ceded..... | .XXX. | | | | | 0 | |
| 99. Totals (All Business) less Reinsurance Ceded..... | .XXX. | 0 | 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 |

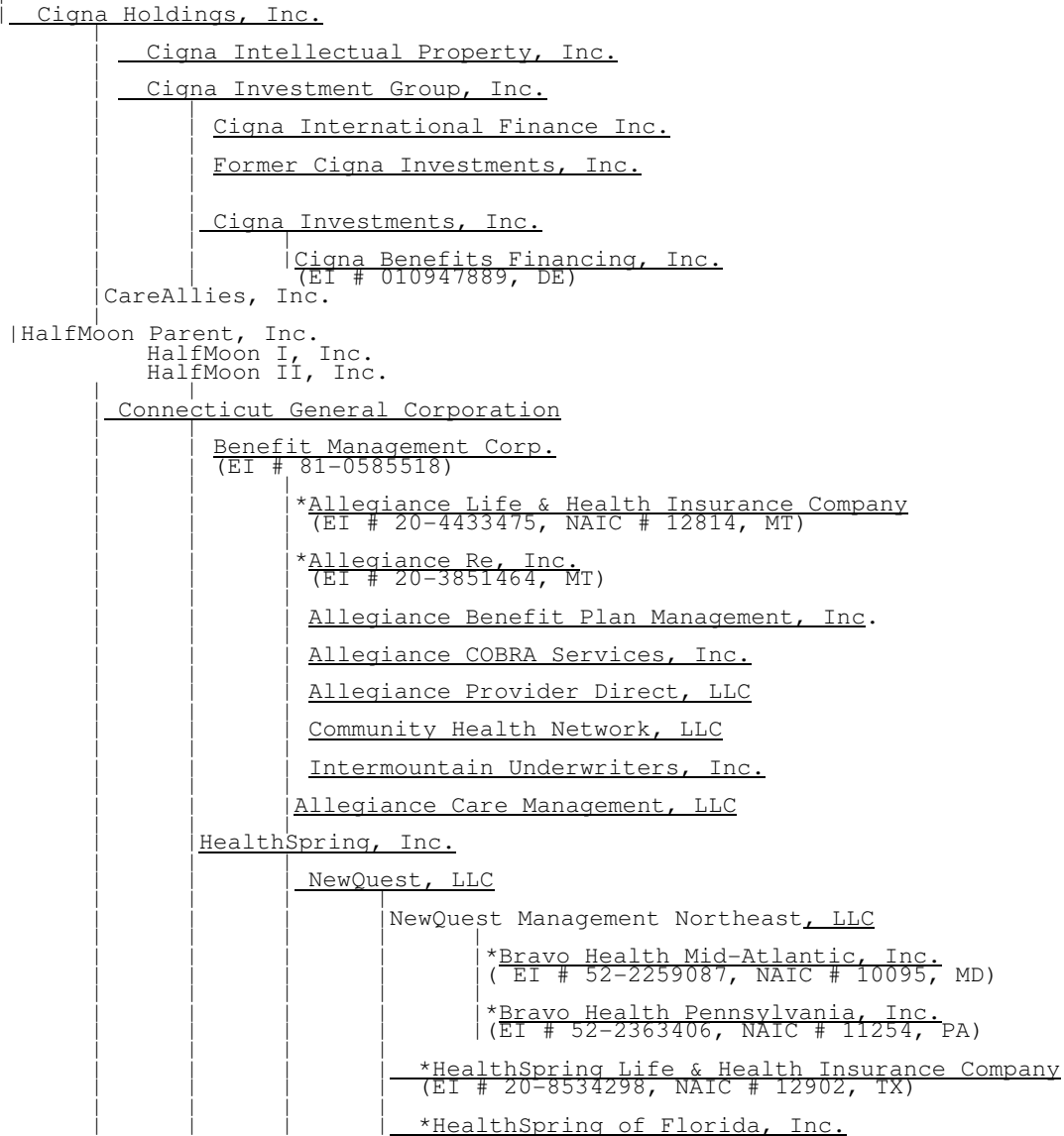
| | |
|---|----|
| R - Registered - Non-domiciled RRGs..... | 0 |
| Q - Qualified - Qualified or accredited reinsurer..... | 0 |
| N - None of the above - Not allowed to write business in the state..... | 30 |

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL 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 September 30, 2018:

Cigna CORPORATION

(A Delaware corporation and ultimate parent company)



Q12

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Q12.1

| | |
|--|---|
| | (EI # 65-1129599, NAIC #11532, FL) |
| | <u>NewQuest Management of Illinois, LLC</u> |
| | <u>NewQuest Management of Florida, LLC</u> |
| | <u>HealthSpring Management of America, LLC</u> |
| | <u>NewQuest Management of West Virginia, LLC</u> |
| | <u>TexQuest, LLC</u> |
| | <u>HouQuest, LLC</u> |
| | <u>GulfQuest, LP</u> |
| | <u>NewQuest Management of Alabama, LLC</u> |
| | <u>HealthSpring USA, LLC</u> |
| | <u>Tennessee Quest, LLC</u> |
| | <u>HealthSpring Pharmacy Services, LLC</u> |
| | <u>HealthSpring Pharmacy of Tennessee, LLC</u> |
| | <u>Home Physicians Management, LLC</u> |
| | <u>Alegis Care Services, LLC</u> |
| | <u>*Cigna Arbor Life Insurance Company</u> |
| | (EI # 03-0452349, NAIC # 13733, CT) |
| | <u>Cigna Behavioral Health, Inc.</u> |
| | <u>Cigna Behavioral Health of California, Inc.</u> |
| | (EI# 94-3107309) |
| | <u>Cigna Behavioral Health of Texas, Inc.</u> |
| | (EI# 75-2751090) |
| | <u>MCC Independent Practice Association of New York, Inc.</u> |
| | <u>Cigna Dental Health, Inc.</u> |
| | <u>Cigna Dental Health of California, Inc.</u> |
| | (EI# 59-2600475, CA) |
| | <u>Cigna Dental Health of Colorado, Inc.</u> |
| | (EI# 59-2675861, NAIC # 11175, CO) |
| | <u>Cigna Dental Health of Delaware, Inc.</u> |
| | (EI# 59-2676987, NAIC # 95380, DE) |
| | <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) |

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Q12.2

| |
|--|
| <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) |
| <u>Cigna HealthCare of Maine, Inc.</u> (EI# 01-0418220, NAIC # 95447, ME) |
| <u>Cigna HealthCare of Massachusetts, Inc.</u> (EI# 02-0402111, NAIC # 95220, MA) |
| <u>Cigna HealthCare Mid-Atlantic, Inc.</u> (EI# 52-1404350, NAIC # 95599, MD) |
| <u>Cigna HealthCare of New Hampshire, Inc.</u> (EI# 02-0387749, NAIC # 95493, NH) |
| <u>Cigna HealthCare of New Jersey, Inc.</u> (EI# 22-2720890, NAIC # 95500, NJ) |
| <u>Cigna HealthCare of Pennsylvania, Inc.</u> (EI# 23-2301807, NAIC # 95121, PA) |
| <u>Cigna HealthCare of St. Louis, Inc.</u> (EI# 36-3359925, NAIC # 95635, MO) |
| <u>Cigna HealthCare of Utah, Inc.</u> |

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Q12.3

(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)
Cigna Healthcare, Inc.
*Cigna Life Insurance Company of New York
(EI# 13-2556568, NAIC # 64548, NY)
*Connecticut General Life Insurance Company
(EI# 06-0303370, NAIC # 62308, CT)
CG Mystic Center LLC
CG Mystic Land LLC
CG Skyline, LLC
Careallies, LLC
Cigna Onsite Health, LLC
Gillette Ridge Community Council, Inc.
Gillette Ridge Golf LLC
Hazard Center Investment Company LLC
Tel-Drug of Pennsylvania, LLC
GRG Acquisitions LLC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Cigna Affiliates Realty Investment Group, LLC
(EI# 27-5402196, DE)

CR Longwood Investors, LP

ND/CR Longwood LLC

ARE/ND/CR Longwood LLC

Secon Properties, LP

Transwestern Federal Holdings, L.L.C.

Transwestern Federal, L.L.C.

Market Street Residential Holdings LLC

Arborpoint at Market Street LLC

Diamondview Tower CM-CG LLC

CR Washington Street Investors LP

Dulles Town Center Mall, LLC

ND/CR Unicorn LLC

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

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

Q12.4

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Q12.5

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
 CPI-CII 9171 Wilshire JV LLC
 |9171 Wilshire CPI-CII LLC
 CARING Capitol Hill GP LLC
 CARING Capitol Hill LP LLC
 |Rise-CG Capitol Hill, LP
CORAC LLC
Henry on the Park Associates, LLC
 (EI 27-3582688, DE)
*Cigna Health and Life Insurance Company
 (EI # 59-1031071, NAIC # 67369, CT)
CarePlexus, LLC
 (EI# 45-2681649; DE)
Cigna Corporate Services, LLC
 (EI 27-3396038, DE)
Cigna Insurance Agency, LLC
 (EI # 27-1903785, CT)
Ceres Sales of Ohio, LLC
 (EI # 34-1970892, OH)
Cigna National Health Insurance Company
 (EI # 34-0970995, NAIC # 61727, OH)
 |Provident American Life & Health Insurance Company
 (EI # 23-1335885, NAIC # 67903, OH)
 |United Benefit Life Insurance Company
 (EI # 75-2305400, NAIC # 65269, OH)
Loyal American Life Insurance Company
 (EI # 63-0343428, NAIC # 65722, OH)
 |American Retirement Life Insurance Company
 (EI # 59-2760189, NAIC # 88366, OH)
QualCare Alliance Networks, Inc.
 |QualCare, Inc.
 |Scibal Associates, Inc.
 |QualCare Captive Insurance Company Inc., PCC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Q12.6

| | |
|--|--|
| | <p><u>QualCare Management Resources Limited Liability Company</u> <u>Health-Lynx, LLC</u></p> |
| | <p><u>Sterling Life Insurance Company</u> (EI # 13-1867829, NAIC # 77399, IL) Olympic Health Management Systems, Inc. Olympic Health Management Services, Inc.</p> |
| | <p> WorldDoc, Inc.</p> |
| | <p> Omada Health, Inc.</p> |
| | <p> Cigna Ventures, LLC</p> |
| | <p> Cricket Health, Inc.</p> |
| | <p><u>Cigna Health Management, Inc.</u> (EI# 23-1728483, DE)</p> |
| | <p><u>Kronos Optimal Health Company</u> (20-8064696, AZ)</p> |
| | <p><u>*Life Insurance Company of North America</u> (EI# 23-1503749, NAIC # 65498, PA)</p> |
| | <p> <u>*Cigna & CMB Life Insurance Company Limited</u> (remaining interest owned by an unaffiliated party) Cigna & CMB Health Services Company, Ltd.</p> |
| | <p> <u>Cigna Direct Marketing Company, Inc.</u></p> |
| | <p><u>Tel-Drug, Inc.</u></p> |
| | <p><u>Cigna Global Wellbeing Holdings Limited</u></p> |
| | <p> <u>Cigna Global Wellbeing Solutions Limited</u> <u>Vielife Services, Inc.</u></p> |
| | <p><u>CG Individual Tax Benefit Payments, Inc.</u></p> |
| | <p><u>CG Life Pension Benefits Payments, Inc.</u></p> |
| | <p><u>CG LINA Pension Benefits Payments, Inc.</u></p> |
| | <p><u>Cigna Federal Benefits, Inc.</u></p> |
| | <p><u>Cigna Healthcare Benefits, Inc.</u></p> |
| | <p><u>Cigna Integratedcare, Inc.</u></p> |
| | <p><u>Cigna Managed Care Benefits Company</u></p> |
| | <p><u>Cigna Re Corporation</u></p> |
| | <p> <u>Blodget & Hazard Limited</u></p> |
| | <p><u>Cigna Resource Manager, Inc.</u></p> |
| | <p><u>Connecticut General Benefit Payments, Inc.</u></p> |
| | <p><u>Healthsource Benefits, Inc.</u></p> |
| | <p><u>IHN, Inc.</u></p> |
| | <p><u>LINA Benefit Payments, Inc.</u></p> |
| | <p><u>Mediversal, Inc.</u></p> |

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

| 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) | * |
| Members | | | | | | | | | | | | | | | |
| 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..... | NIA..... | 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..... | | | | | | 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..... | 95.000 | 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..... | |

Q13

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..... | | 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..... | | 26-2353772.. | | | | 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..... | |
| 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..... | |
| 0901 | Cigna Group..... | | 06-1346406.. | | | | MCC Independent Practice Association of New York, Inc..... | NY..... | NIA..... | Cigna Behavioral Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 59-2308055.. | | | | Cigna Dental Health, Inc..... | FL..... | NIA..... | Connecticut General Corporation..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 59-2600475.. | | | | Cigna Dental Health Of California, Inc..... | CA..... | IA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 11175.. | 59-2675861.. | | | | Cigna Dental Health Of Colorado, Inc..... | CO..... | IA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 95380.. | 59-2676987.. | | | | Cigna Dental Health Of Delaware, Inc..... | DE..... | IA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 52021.. | 59-1611217.. | | | | Cigna Dental Health Of Florida, Inc..... | FL..... | IA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 06-1351097.. | | | | Cigna Dental Health of Illinois, Inc..... | IL..... | NIA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 52024.. | 59-2625350.. | | | | Cigna Dental Health Of Kansas, Inc..... | KS..... | IA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 52108.. | 59-2619589.. | | | | Cigna Dental Health Of Kentucky, Inc..... | KY..... | IA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 11160.. | 06-1582068.. | | | | Cigna Dental Health Of Missouri, Inc..... | MO..... | IA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 11167.. | 59-2308062.. | | | | Cigna Dental Health Of New Jersey, Inc..... | NJ..... | IA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 95179.. | 56-1803464.. | | | | Cigna Dental Health Of North Carolina, Inc..... | NC..... | IA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 47805.. | 59-2579774.. | | | | Cigna Dental Health Of Ohio, Inc..... | OH..... | IA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 47041.. | 52-1220578.. | | | | Cigna Dental Health Of Pennsylvania, Inc..... | PA..... | IA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 95037.. | 59-2676977.. | | | | Cigna Dental Health Of Texas, Inc..... | TX..... | IA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 52617.. | 52-2188914.. | | | | Cigna Dental Health Of Virginia, Inc..... | VA..... | IA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 47013.. | 86-0807222.. | | | | Cigna Dental Health Plan Of Arizona, Inc..... | AZ..... | IA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 48119.. | 59-2740468.. | | | | Cigna Dental Health Of Maryland, Inc..... | MD..... | IA..... | Cigna Dental Health, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 62-1312478.. | | | | Cigna Health Corporation..... | DE..... | NIA..... | Connecticut General Corporation..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 02-0387748.. | | 855587 | | Healthsource, Inc..... | DE..... | NIA..... | Cigna Health Corporation..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 95125.. | 86-0334392.. | | | | Cigna HealthCare of Arizona, Inc..... | AZ..... | IA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 95-3310115.. | | | | Cigna HealthCare of California, Inc..... | CA..... | IA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 95604.. | 84-1004500.. | | | | Cigna HealthCare of Colorado, Inc..... | CO..... | IA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |

Q13.1

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..... | 95660... | 06-1141174.. | | | | Cigna HealthCare of Connecticut, Inc..... | CT..... | IA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 95136... | 59-2089259.. | | | | Cigna HealthCare of Florida, Inc..... | FL..... | IA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 95602... | 36-3385638.. | | | | Cigna HealthCare of Illinois, Inc..... | IL..... | IA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 01-0418220.. | | | | Cigna HealthCare of Maine, Inc..... | ME..... | NIA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 02-0402111.. | | | | Cigna HealthCare of Massachusetts, Inc..... | MA..... | NIA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 52-1404350.. | | | | Cigna HealthCare Mid-Atlantic, Inc..... | MD..... | NIA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 95493... | 02-0387749.. | | | | Cigna HealthCare of New Hampshire, Inc..... | NH..... | IA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 95500... | 22-2720890.. | | | | Cigna HealthCare of New Jersey, Inc..... | NJ..... | IA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 23-2301807.. | | | | Cigna HealthCare of Pennsylvania, Inc..... | PA..... | NIA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 95635... | 36-3359925.. | | | | Cigna HealthCare of St. Louis, Inc..... | MO..... | IA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 62-1230908.. | | | | Cigna HealthCare of Utah, Inc..... | UT..... | NIA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 96229... | 58-1641057.. | | | | Cigna HealthCare of Georgia, Inc..... | GA..... | IA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 95383... | 74-2767437.. | | | | Cigna HealthCare of Texas, Inc..... | TX..... | IA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 95525... | 35-1679172.. | | | | Cigna HealthCare of Indiana, Inc..... | IN..... | IA..... | Healthsource, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...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 | | | Cigna Life Insurance Company of New York..... | NY..... | IA..... | Connecticut General Corporation..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | 62308... | 06-0303370.. | | 23419 | | 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..... | ...N..... | |
| 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..... | | 20-3700105.. | | | | 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..... | |

Q13.2

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..... | | 23-3074013.. | | | | TEL-DRUG of Pennsylvania, L.L.C..... | PA..... | IA..... | Connecticut General Life Insurance Company | Ownership..... | 100.000 | Cigna Corporation..... | N..... | |
| 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..... | |
| 0901 | Cigna Group..... | | 00-0000000.. | | | | 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..... | |
| 0901 | Cigna Group..... | | 00-0000000.. | | | | 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..... | |
| 0901 | Cigna Group..... | | 00-0000000.. | | | | 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 Partnership..... | 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..... | |
| 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.. | | | | 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..... | |

Q13.3

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..... | | 30-0939067.. | | | | Affiliated Hotel Subsidiary..... | DE..... | NIA..... | Cigna Affiliates Realty Investment Group, LLC | Ownership..... | ...100.000 | 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..... | | 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..... | | 37-1903297.. | | | | CARING Capitol Hill GP LLC..... | DE..... | NIA..... | Cigna Affiliates Realty Investment Group, LLC | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 32-0570889.. | | | | CARING Capitol Hill LP LLC..... | DE..... | NIA..... | Cigna Affiliates Realty Investment Group, LLC | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 83-1460134.. | | | | Rise-CG Capitol Hill, LP..... | DE..... | NIA..... | CARING Capitol Hill GP 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..... | | 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..... | ...N..... | |
| 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..... | |
| 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..... | |

Q13.4

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..... | | 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..... | | 83-1069280.. | | | | Cigna Ventures, LLC..... | DE..... | NIA..... | Cigna Health and Life Insurance Company..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 47-2746692.. | | | | Cricket Health, Inc..... | DE..... | NIA..... | Cigna Health and Life Insurance Company..... | Ownership..... | ...9.000 | 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..... | ...N..... | |
| 0901 | Cigna Group..... | | 00-0000000.. | | | | Cigna & CMB Health Services Company, Ltd..... | CHN..... | NIA..... | Cigna & CMB Life Insurance Company 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..... | ...N..... | |
| 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..... | |

Q13.5

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..... | | 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..... | |
| 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.. | | | | Cigna International Marketing (Thailand) 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, Ltd..... | 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, Ltd..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 00-0000000.. | | | | Cigna Walnut Holdings, Ltd..... | GBR..... | NIA..... | Cigna Walnut Holdings, Ltd..... | 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..... | | 00-0000000.. | | | | Cigna New Zealand Holdings Limited..... | NZL..... | NIA..... | Cigna Hong Kong Holdings Company Limited | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 00-0000000.. | | | | Cigna New Zealand Finance Limited..... | NZL..... | NIA..... | Cigna New Zealand Holdings 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..... | |

Q13.6

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 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, Ltd..... | Ownership..... | ...49.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 00-0000000.. | | | | Cigna Brokerage & Marketing (Thailand) 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, Ltd..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 98-1154657.. | | | | Cigna Myrtle Holdings, Ltd..... | MLT..... | NIA..... | Cigna Apac Holdings, Ltd..... | 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..... | |
| 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..... | |
| 0901 | Cigna Group..... | | 00-0000000.. | | | | Cigna International Health Services Kenya Limited | KEN..... | NIA..... | Cigna International Health Services, BVBA.... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 00-0000000.. | | | | Cigna Sequoia Holdings SPRL..... | BEL..... | NIA..... | Cigna Myrtle Holdings, Ltd..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 00-0000000.. | | | | Cigna Cedar Holdings, Ltd..... | MLT..... | NIA..... | Cigna Apac Holdings, Ltd..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 00-0000000.. | | | | Cigna Insurance Middle East S.A.L..... | LBN..... | IA..... | Cigna Cedar Holdings, Ltd..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 00-0000000.. | | | | Cigna Insurance Management Services (DIFC), Ltd. | ARE..... | NIA..... | Cigna Apac Holdings, Ltd..... | Ownership..... | ...100.000 | Cigna Corporation..... | ...N..... | |
| 0901 | Cigna Group..... | | 00-0000000.. | | | | 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..... | |

Q13.7

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 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..... | GBR..... | 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..... | ...N..... | |
| 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..... | |

Q13.8

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:



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 |

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 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 |

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year..... | 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..... | 2,428 | 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)..... | 2,586,140 | 2,588,568 |
| 12. Deduct total nonadmitted amounts..... | | |
| 13. Statement value at end of current period (Line 11 minus Line 12)..... | 2,586,140 | 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 |
|--|--|--|--|--|--|---|--|--|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a)..... | 2,640,139 | 286 | | (807) | 2,640,696 | 2,640,140 | 2,639,619 | 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..... | 2,640,139 | 286 | 0 | (807) | 2,640,696 | 2,640,140 | 2,639,619 | 2,840,535 |
| PREFERRED STOCK | | | | | | | | |
| 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..... | 2,640,139 | 286 | 0 | (807) | 2,640,696 | 2,640,140 | 2,639,619 | 2,840,535 |

QS102

(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 \$.....53,480; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

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..... | 53,480 | XXX | 53,480 | 1,513 | |

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..... | 1,513 | 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)..... | 53,480 | 251,967 |
| 11. Deduct total nonadmitted amounts..... | | |
| 12. Statement value at end of current period (Line 10 minus Line 11)..... | 53,480 | 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**

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 | |
| Open Depositories | | | | | | | | |
| JPMorgan Chase..... Brooklyn, NY..... | | | | |116,024 |116,024 |116,024 | XXX |
| JPMorgan Chase..... Austin, TX..... | | | | |174,084 |173,991 |175,007 | XXX |
| 0199999. Total Open Depositories..... | XXX | XXX |0 |0 |290,108 |290,015 |291,031 | XXX |
| 0399999. Total Cash on Deposit..... | XXX | XXX |0 |0 |290,108 |290,015 |291,031 | XXX |
| 0599999. Total Cash..... | XXX | XXX |0 |0 |290,108 |290,015 |291,031 | 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 |
|------------|------------------|-----------|--------------------|-----------------------|--------------------|-----------------------------------|--|----------------------------------|
|------------|------------------|-----------|--------------------|-----------------------|--------------------|-----------------------------------|--|----------------------------------|

NONE

QE13