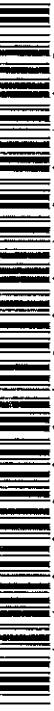


Several disclosures in the annual statement notes have been updated or corrected to agree with the disclosures in the audited financial statements.



HEALTH ANNUAL STATEMENT

AS OF DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

Aetna Better Health Inc. (an Ohio corporation)

NAIC Group Code 0001 NAIC Company Code 14229 Employer's ID Number 45-2764938
(Current) (Prior)

Organized under the Laws of

Country of Domicile

United States of America

Licensed as business type:

Is HMO Federally Qualified? Yes No [X]

Incorporated/Organized 07/15/2011

Commenced Business 03/16/2012

Statutory Home Office 7400 W. Campus Road (Street and Number) New Albany, OH, US 43054 (City or Town, State, County and Zip Code)

Main Administrative Office 7400 W. Campus Road (Street and Number) New Albany, OH, US 43054 (Area Code) (Telephone Number)

Mail Address 1425 Union Meeting Road, U23S (Street and Number or P.O. Box) Blue Bell, PA, US 19422 (Area Code) (Telephone Number)

Primary Location of Books and Records 1425 Union Meeting Road (Street and Number) Blue Bell, PA, US 19422 (Area Code) (Telephone Number)

Internet Website Address www.aetnabetterhealth.com

Statutory Statement Contact Steven Matthew Conte (Name) Aetna.HMOReporting@aetna.com (E-mail Address)

Chief Executive Officer and President Randy Joo Hwan Hyun # 4/1/19 Vice President and Secretary Robert Mark Kessler

Debra Jean Bacon, Chief Financial Officer (through 4/1/19) John Patrick Maroney, Vice President and Treasurer

Officers OFFICERS Chief Financial Officer (effective 4/1/19) David Patrick Delaney # 215-775-6508 (Area Code) (Telephone Number)

Other Steven Matthew Conte, Principal Financial Officer and Controller Cara Sue Mullen, Assistant Controller # 860-292-7767 (FAX Number)

Directors or Trustees DIRECTORS OR TRUSTEES Janet Ruth Grant Robert Mark Kessler Vice President and Secretary

Debra Jean Bacon Randy Joo Hwan Hyun Chief Executive Officer and President

State of Arizona County of Maricopa Cynthia M. Montano Notary Public

Subscribed and sworn to before me this

19th day of June, 2019

NOTARY PUBLIC (Seal)

State of Connecticut County of New Haven Cynthia M. Montano Notary Public

Subscribed and sworn to before me this

19th day of June, 2019

NOTARY PUBLIC (Seal)

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.

Randy Joo Hwan Hyun David Patrick Delaney Robert Mark Kessler Janet Ruth Grant
Randy Joo Hwan Hyun
Chief Executive Officer and President
David Patrick Delaney
Chief Financial Officer
Robert Mark Kessler
Vice President and Secretary
Janet Ruth Grant

State of Arizona County of Maricopa Cynthia M. Montano Notary Public

Subscribed and sworn to before me this

5th day of June, 2019

NOTARY PUBLIC (Seal)

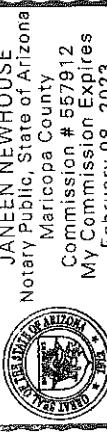
State of Arizona County of Maricopa Janeen Newhouse Notary Public

Subscribed and sworn to before me this

5th day of June, 2019

NOTARY PUBLIC (Seal)

CYNTHIA MONTANO CYNTHIA MONTANO Notary Public, State of Connecticut
My Commission Expires February 08, 2023 My Commission Expires March 31, 2021
NOTARY PUBLIC (Seal)



a. Is this an original filing? Yes No [X]
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached
6/24/19
29

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying statutory financial statements of Aetna Better Health Inc. (an Ohio corporation) (the "Company"), indirectly a wholly-owned subsidiary of CVS Health Corporation ("CVS Health"), have been prepared in conformity with accounting practices prescribed or permitted by the Ohio Department of Insurance ("Ohio Department") ("Ohio Accounting Practices"). The Ohio Department 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, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP"). On November 28, 2018, CVS Health acquired Aetna Inc. ("Aetna") and at that date became the Company's ultimate parent (the "Aetna Acquisition").

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 for the years ending December 31, 2018 and 2017 is as follows:

		SSAP #	F/S Page	F/S Line #	2018	2017
NET INCOME						
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$102,503,856	\$65,747,242
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
	None	N/A	N/A	N/A	-	-
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
	None	N/A	N/A	N/A	-	-
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$102,503,856	\$65,747,242
SURPLUS						
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$189,489,939	\$134,349,532
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
	None	N/A	N/A	N/A	-	-
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
	None	N/A	N/A	N/A	-	-
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$189,489,939	\$134,349,532

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

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

C. Accounting Policies

The Company applies the following significant accounting policies:

(1) Cash, Cash Equivalents and Short-Term Investments

Cash, cash equivalents and short-term investments, consisting primarily of money market instruments and other debt issues with an original maturity of up to one year, are carried at amortized cost. Short-term investments consist primarily of investments purchased with an original maturity date of greater than three months but less than one year. Cash equivalents consist of highly liquid instruments, which mature within three months from the date of purchase. The carrying amount of cash, cash equivalents and short-term investments approximates fair value. Cash accounts with positive balances shall not be reported separately from cash accounts with negative balances. If in the aggregate, the reporting entity has a net negative cash balance, it shall be reported as a negative asset and shall not be recorded as a liability. If a reporting entity has multiple cash accounts, the net amount of all accounts shall be reported jointly.

(2) Bonds

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets

are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections at December 31, 2018 and 2017. Bonds include all investments whose maturity is greater than one year when purchased. Loan-backed and structured securities are carried at amortized cost adjusted for unamortized premiums and discounts. Premiums and discounts on loan-backed and structured securities are amortized using the interest method over the estimated remaining term of the securities, adjusted for anticipated prepayments. All adjustments between amortized cost and carrying value are reflected in unrealized capital gains and losses and are reported as direct adjustments to surplus. Bonds are recorded as purchases or sales on the trade date.

The Company periodically reviews its bonds to determine whether a decline in fair value below the carrying value is other-than-temporary. For bonds, other than loan-backed and structured securities, an other-than-temporary impairment ("OTTI") shall be recorded if it is probable that the Company will be unable to collect all amounts due according to the contractual terms in effect at the date of acquisition. Declines deemed to be OTTI in the cost basis are recognized as realized capital losses. Yield-related impairments are deemed other-than-temporary when the Company intends to sell an investment at the reporting date before recovery of the cost of the investment.

For loan-backed and structured securities, the Company records OTTI when the fair value of the loan-backed or structured security is less than the amortized cost basis at the balance sheet date and (1) the Company intends to sell the investment, or (2) the Company does not have the intent and ability to retain the investment for the time sufficient to recover the amortized cost basis, or (3) the Company does not expect to recover the entire amortized cost basis of the security, even if it does not intend to sell the security and has the intent and ability to hold. If it is determined an OTTI has occurred because of (1) or (2), the amount of the OTTI is equal to the difference between the amortized cost and the fair value of the security at the balance sheet date and this difference is recorded as a realized capital loss. If it is determined an OTTI has occurred because of (3), the amount of the OTTI is equal to the difference between the amortized cost and the present value of cash flows expected to be collected, discounted at the loan-backed or structured security's effective interest rate and this difference is also accounted for as a realized capital loss.

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

- (3) The Company did not own any common stock at December 31, 2018 or 2017.
- (4) The Company did not own any preferred stock at December 31, 2018 or 2017.
- (5) Mortgage loans on real estate ("Mortgage Loans") are carried at unpaid principal balances, adjusted for accrual of discounts and amortization of premiums. Mortgage loans funding and repayments are recorded on the closing date. Fair values are estimated by discounting expected mortgage loan cash flows at market rates that reflect the rates at which similar loans would be made to similar borrowers. These rates reflect management's assessment of the credit quality and the remaining duration of the loans. The fair value estimates of mortgage loans of lower credit quality, including problem and restructured loans, are based on the estimated fair value of the underlying collateral. Payment receipts on impaired loans are recorded on the cash basis. The Company recognizes interest income on impaired loans when received. The Company considers a loan impaired when it is probable that the loan will be uncollectible based on its contractual terms. The Company measures the impairment based on the fair value of the collateral less estimated costs to obtain and sell. The difference between the net value of the collateral and the recorded investment in the mortgage loan is recorded as a valuation allowance with a corresponding charge to unrealized loss. If the impairment is deemed other-than-temporary, a write-down is recognized as a realized loss, and a new cost basis is established. This new cost basis is not changed for subsequent recoveries in value. Mortgage loans for which foreclosure is probable are considered permanently impaired.

(6) Securities Lending

The Company engages in securities lending by lending certain securities from its investment portfolio to other institutions for short periods of time. Borrowers must post cash collateral in the amount of 102% to 105% of the fair value of a loaned security. The fair value of the loaned securities is monitored on a daily basis, with additional collateral obtained or refunded as the fair value of the loaned securities fluctuates. The collateral is retained and invested by a lending agent according to the Company's guidelines to generate additional investment income for the Company. Pursuant to SSAP No. 103R - *Transfers and Servicing of Financial Assets and Extinguishments of Liabilities* ("SSAP No. 103R"), collateral required under the Company's securities lending program is carried on the Company's Statutory Statements of Assets and Liabilities, Capital and Surplus as both a receivable and payable. Also pursuant to SSAP No. 103, if the collateral received from a counterparty is less than 100 percent at the reporting date, the difference between the actual collateral and 100 percent is nonadmitted. Collateral value is measured and compared to the loaned securities in aggregate by counterparty.

The Company did not have any loaned securities at December 31, 2018 and 2017.

- (7) The Company did not have any investments in subsidiaries, controlled or affiliated companies at December 31, 2018 or 2017.
- (8) The Company did not have any investments in any joint ventures, partnerships and limited liability companies at December 31, 2018 or 2017.
- (9) The Company did not have any derivatives at December 31, 2018 or 2017.
- (10) Aggregate Health Policy Reserves and Related Expenses

Premium deficiency reserves ("PDR") are recognized when it is probable that the expected future hospital and medical costs, including maintenance costs, will exceed anticipated future premiums and reinsurance recoveries on existing contracts. Where allowed, anticipated investment income is considered in the calculation of any PDR. For purposes of calculating a PDR, contracts are grouped in a manner consistent with the method of acquiring, servicing and measuring the profitability of such contracts. The Company had no PDR at December 31, 2018 and 2017.

Unearned premium reserves ("UEP") are recognized for premiums that are recorded by the Company that have not been earned as of the statement date. The Company had no UEP at December 31, 2018 and 2017, respectively.

Medicaid experience rebate payable consists of estimates of amounts due under Medicaid contracts with the State of Ohio. These amounts are computed based on a percentage of Medicaid profits as defined in the contract with the State. The profitability computation includes premium revenue earned from the state less actual medical and administrative costs incurred and paid and less estimated unpaid claims payable for the applicable membership. The unpaid claims payable estimates are based on historical payment patterns using actuarial techniques. A final settlement is generally made 334 days after the contract period ends using paid claims data and is subject to audit by the State any time thereafter. Any adjustment made to the experience rebate payable as a result of final settlement is included in current operations. The Company had no Medicaid experience rebate payable at December 31, 2018 and 2017.

(11) Hospital and Medical Costs and Claims Adjustment Expenses and Related Reserves

Hospital and medical costs consist principally of fee-for-service medical claims and capitation costs. Claims unpaid and aggregate health claim reserves include the Company's estimate of payments to be made on claims reported but not yet paid and for health care services rendered to enrollees but not yet reported to the Company as of the Statutory Statements of Assets and Liabilities, Capital and Surplus date. Such estimates are developed using actuarial principles and assumptions, which consider, among other things, historical and projected claim submission and processing payment patterns, medical cost trends, historical utilization of health care services, claim inventory levels, medical inflation, contract requirement changes in membership and product mix, seasonality and other relevant factors. The Company reflects changes in estimates in hospital and medical costs in the Statutory Statements of Revenue and Expenses in the period they are determined. Capitation costs, which are recorded in hospital and medical expenses in the Statutory Statements of Revenue and Expenses, represent contractual monthly fees paid to participating physicians and other medical providers for providing medical care, regardless of the medical services provided to the enrollee.

The Company uses the triangulation method to estimate reserves for claims incurred but not reported. The method of triangulation makes estimates of completion factors that are then applied to the total paid claims (net of coordination of benefits) to date for each incurrable month. This provides an estimate of the total projected incurred claims and total amount outstanding or claims incurred but not reported (claims unpaid). For the most current dates of service where there is insufficient paid claim data to rely solely on the triangulation method, the Company examines cost and utilization trends as well as environmental factors, plan changes, provider contracts, changes in membership and/or benefits, and historical seasonal patterns to estimate the reserve required for these months.

Claims adjustment expenses, which include cost containment expenses, represent the costs incurred related to the claim settlement process such as costs to record, process and adjust claims. These expenses are included in the Company's management agreement with an affiliate described in Note 10.

(12) As a result of CVS Health's acquisition of Aetna Inc. ("Aetna"), Aetna modified its capitalization policy from the prior period related to furniture and equipment ("F&E") and prepaid assets. Under the revised policy, F&E will be capitalized if greater than \$1,000 versus the previous threshold of \$500. Under the new policy, prepaid assets will be capitalized if greater than \$250,000 versus the previous threshold of \$50,000. These revisions are not expected to have a material impact on the financial results of Aetna or its affiliates, including the Company.

(13) Pharmaceutical Rebate Receivables

The Company estimates pharmaceutical rebate receivables based upon historical payment trends, actual utilization and other variables. Pharmaceutical rebates for a quarter are billed to the vendor within forty five days of the completion of the quarter with any adjustment to previously recorded amounts reflected at the time of billing. The Company reports pharmaceutical rebate receivables as health care receivables. Pharmacy rebate receivables not in accordance with SSAP No. 84 – *Health Care and Government Insured Plan Receivables* or are over 90 days past due are nonadmitted. All rebates are processed and settled with an affiliated entity. The pharmaceutical rebate receivables are more fully discussed in Note 28.

(14) Premiums and Amounts Due and Unpaid

Premium revenue for prepaid health or dental care products is recognized as income in the month in which enrollees are entitled to health or dental care services. Premiums collected before the effective period are reported as premiums received in advance. Premiums related to unexpired contractual coverage periods are reported as unearned premiums in the Statutory Statements of Liabilities, Capital and Surplus (refer to discussion of aggregate health policy reserves and related expenses above).

Nonadmitted amounts consist of all premiums due and unpaid greater than 90 days past due, with the exception of amounts due under government insured plans, which may be admitted assets under certain circumstances. In addition, for any customer for which the premiums due and unpaid greater than 90 days past due is more than a de minimus portion of the entire balance of premiums due and unpaid for that customer, the entire balance of premiums due and unpaid for that customer is nonadmitted. Management also performs a specific review of accounts and based on the results of the review, additional amounts may be nonadmitted. Uncollectible amounts are generally written-off and charged to revenue in the period in which the customer reconciliations are completed and agreed to by the customer (retroactivity) or when the account is determined to be uncollectible by the Company.

(15) Medicare Hierarchy Categorization Program

Within the Duals Demonstration Programs, there is a component of revenue that is determined based upon a members' clinical health status over the year. The Company records an estimate of the revenue associated with this program based on expected rate adjustments for the health status component of rates paid by Centers for Medicare and Medicaid Services ("CMS"). That documentation period will not be complete until all claims are paid for the year. The Company does not believe there will be a material impact to the financial statements upon final determined health status.

(16) Investment Income Due and Accrued

Accrued investment income consists primarily of interest. Interest is recognized on an accrual basis and dividends are recorded as earned on the ex-dividend date. Due and accrued income is not recorded on: (a) bonds in default; and (b) bonds delinquent more than 90 days or where collection of interest is improbable. At December 31, 2018 and 2017, the Company did not have any nonadmitted investment income due and accrued.

(17) Covered and Uncovered Expenses and Related Liabilities

Covered expenses and related liabilities represent costs for health care expenses for which a member is not responsible in the event of the insolvency of the Company. Uncovered expenses and related liabilities represent costs to the Company for health care services that are the obligation of the Company and for which a member may also be liable in the event of the Company's insolvency.

(18) Fees Paid to the Federal Government by Health Insurers

SSAP No. 106 - *Affordable Care Act Section 9010 Assessment* ("SSAP No. 106") required (1) that the health insurer fee be recognized in full on January 1 of the fee year (the calendar year in which the assessment must be paid to the federal government), in the operating expense category of insurance taxes, licenses and fees, excluding federal income taxes and (2) that in each data year preceding a fee year a reporting entity pro-ratably accrue by reclassifying from unassigned funds (surplus) to aggregate write-ins for special surplus funds an amount equal to its estimated subsequent fee year assessment. This reclassification has no impact on total capital and surplus and is reversed in full on January 1 of the fee year. On January 22, 2018, Public Law No: 115-120 was signed into law and it imposes a

moratorium on the health insurer fee for calendar year 2019. As interpreted in INT 18-02: ACA Section 9010 Assessment Moratoriums, because there is not an ACA Section 9010 fee due in September 2019, there is not an accrual of a liability on January 1, 2019 based on 2018 data year net written premiums. Accrual of a liability on January 1, 2020 for the ACA Section 9010 assessment based on 2019 data year net written premiums and the reclassification from unassigned funds (surplus) to aggregate write-ins for special surplus funds equal to the estimated 2020 fee year assessment accrued in data year 2019 will both continue as prescribed under SSAP No. 106. See Note 22 for disclosure of all amounts related to the health insurer fee for the Company.

(19) The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010's (collectively, "Health Care Reform") Risk Adjustment

Risk Adjustment

Health Care Reform established a permanent risk adjustment program to transfer funds from qualified individual and small group insurance plans with below average risk scores to plans with above average risk scores. Based on the risk of the Company's qualified plan members relative to the average risk of members of other qualified plans in comparable markets, the Company estimates its ultimate risk adjustment receivable or payable for the current calendar year and reflects the impact as an adjustment to its premium revenue in accordance with SSAP No. 107.

(20) Federal and State Income and Premium Taxes

The Company was included in the consolidated federal income tax return of its parent company, Aetna and Aetna's other wholly-owned subsidiaries through November 27, 2018 pursuant to the terms of a tax sharing agreement. For the tax period ending December 31, 2018, Aetna and its wholly-owned subsidiaries are included in the consolidated federal income tax return of its parent, CVS Health, pursuant to the terms of a tax sharing agreement (and a Supplemental Tax Sharing Agreement where applicable) between CVS Health and the Company. In accordance with both agreements, the Company's current federal and state income tax provisions are generally computed as if the Company were filing a separate federal and state income tax return; current income tax benefits, including those resulting from net operating losses, are recognized to the extent realized in the consolidated return. Pursuant to these agreements, the Company has the enforceable right to recoup federal and state income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal and state income taxes.

Income taxes are accounted for under the asset and liability method. Deferred income tax assets ("DTAs") and liabilities ("DTLs") represent the expected future tax consequences of temporary differences generated by statutory accounting as defined in SSAP No. 101 - *Income Taxes*. DTAs and DTLs are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. DTAs and DTLs are computed by means of identifying temporary differences which are measured using a balance sheet approach whereby statutory and tax basis balance sheets are compared. Current income tax recoverables include all current income taxes, including interest, reasonably expected to be recovered in a subsequent accounting period.

Pursuant to SSAP No. 101, gross DTAs are first reduced by a statutory valuation allowance adjustment to an amount that is more likely than not to be realized ("adjusted gross DTAs"). Adjusted gross DTAs are then admitted in an amount equal to the sum of paragraphs a. b. and c. below:

- a. Federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with Internal Revenue Service ("IRS") tax loss carryback provisions.
- b. The amount of adjusted gross DTAs, after the application of paragraph a. above, expected to be realized within the applicable period and that is no greater than the applicable percentage as determined using the applicable Realization Threshold Limitation Table. The applicable period refers to the number of years in which the DTA will reverse in the Company's tax return and the applicable percentage refers to the percentage of the Company's statutory capital and surplus as required to be shown on the statutory balance sheet adjusted to exclude any net DTAs, electronic data processing equipment and operating system software and any net positive goodwill ("Stat Cap ExDTA").

The Realization Threshold Limitation Tables allow DTAs to be admitted based upon either realization within 3 years and 15% of Stat Cap ExDTA, 1 year and 10% of Stat Cap ExDTA, or no DTA admitted pursuant to this paragraph b. In general, the Realization Threshold Limitation Tables allow the Company to admit more DTAs if total DTAs as reported by the Company are a smaller percentage of statutory capital and surplus.

- c. The amount of gross DTAs, after the application of paragraphs a. and b. above that can be offset against existing gross DTLs. In applying this offset, the Company considers the character (i.e. ordinary versus capital) of the DTAs and DTLs such that offsetting would be permitted in the tax return under existing enacted federal income tax laws and regulations and the reversal patterns of temporary differences.

Changes in DTAs and DTLs are recognized as a separate component of gains and losses in surplus ("Change in net deferred income tax") except to the extent allocated to changes in unrealized gains and losses. Changes in DTAs and DTLs allocated to unrealized gains and losses are netted against the related changes in unrealized gains and losses and are reported as "Change in net unrealized capital gains (losses)", also a separate component of gains and losses in surplus.

On December 22, 2017, the Tax Cuts and Jobs Act of 2017 (the "TCJA") was enacted. Among other things, the TCJA reduced the federal corporate income tax rate to 21% effective January 1, 2018. Aside from the change in the corporate income tax rate, the TCJA did not have a material impact to the financial statements.

(21) Reinsurance

In the normal course of business, the Company seeks to reduce the loss that may arise from catastrophes or other events that cause unfavorable underwriting results and to help balance its risks and capital by reinsuring certain levels of risk with other insurance enterprises. The reinsurance coverage does not relieve the Company of its primary obligations. Reinsurance premiums and reserves related to reinsured business are accounted for on a basis consistent with those used in accounting for the original policies issued and the terms of the reinsurance contracts. Premiums ceded for medical losses and the related unpaid reserves have been reported as reductions of these items. The reinsurance agreements are more fully discussed in Notes 10 and 23.

D. Going Concern

As of February 28, 2019, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company's ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company did not have any accounting changes or correction of errors in the years ended December 31, 2018 and 2017.

3. Business Combinations and Goodwill

The Company was not a part of any business combinations that involved the statutory purchase method, a statutory merger, an assumption reinsurance, or an impairment loss in the years ending December 31, 2018 and 2017.

4. Discontinued Operations

The Company did not have any discontinued operations in the years ending December 31, 2018 and 2017.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans.

(1) The maximum and minimum lending rates for new mortgage loans made by category during 2018.

Industrial	Maximum	-	Minimum	-
Land	Maximum	-	Minimum	-
Office	Maximum	-	Minimum	-
Retail	Maximum	-	Minimum	-
Apartment	Maximum	-	Minimum	-
Mixed Use	Maximum	-	Minimum	-
R & D	Maximum	-	Minimum	-

(2) The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of insured or guaranteed or purchase money mortgages was 39%.

(3) The Company did not hold any mortgages with advanced taxes, assessments or amounts due, not included in the mortgage loan total at either December 31, 2018 or 2017.

(4) Age Analysis of Mortgage Loans and Identification of Mortgage Loans in Which the Insurer is a Participant or Co-lender in a Mortgage Loan Agreement:

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year					\$7,026,440		\$7,026,440
1. Recorded Investment (All)							—
(a) Current							—
(b) 30 - 59 Days Past Due							—
(c) 60 - 89 Days Past Due							—
(d) 90 - 179 Days Past Due							—
(e) 180+ Days Past Due							—
2. Accruing Interest 90 - 179 Days Past Due							—
(a) Recorded Investment							—
(b) Interest Accrued							—
3. Accruing Interest 180+ Days Past Due							—
(a) Recorded Investment							—
(b) Interest Accrued							—
4. Interest Reduced							—
(a) Recorded Investment							—
(b) Number of Loans							—
(c) Percent Reduced							—
5. Participant or Co-lender in a Mortgage Loan Agreement							—
(a) Recorded Investment							—
b. Prior Year						7,820,816	7,820,816
1. Recorded Investment							—
(a) Current							—
(b) 30 - 59 Days Past Due							—
(c) 60 - 89 Days Past Due							—
(d) 90 - 179 Days Past Due							—
(e) 180+ Days Past Due							—
2. Accruing Interest 90 - 179 Days Past Due							—
(a) Recorded Investment							—
(b) Interest Accrued							—
3. Accruing Interest 180+ Days Past Due							—
(a) Recorded Investment							—
(b) Interest Accrued							—
4. Interest Reduced							—
(a) Recorded Investment							—
(b) Number of Loans							—
(c) Percent Reduced							—
5. Participant or Co-lender in a Mortgage Loan Agreement							—
(a) Recorded Investment							—

(5) The Company had no investment impaired loans with or without allowance for credit losses at December 31, 2018.

(6) The Company had no investment in impaired loans at December 31, 2018.

(7) The Company had no allowance for credit losses at December 31, 2018.

(8) The Company had no mortgage loans derecognized as a result of foreclosure at December 31, 2018.

(9) The Company recognizes interest income on its impaired loans upon receipt.

B. The Company did not have any debt restructuring in the years ending December 31, 2018 and 2017.

C. The Company did not have any reverse mortgages at December 31, 2018 or 2017.

D. Loan-Backed Securities

(1) Prepayment assumptions for single class and multi-class mortgage-backed/loan-backed securities were obtained from industry market sources.

(2) The Company did not recognize any other-than-temporary impairments ("OTTI") on loan-backed and structured securities in which the Company had the (1) intent to sell, (2) did not have the intent and ability to retain for a period of time sufficient to recover the amortized cost basis or (3) present value of cash flows expected to be collected is less than the amortized cost basis of the securities in accordance with SSAP No. 43R - *Loan-Backed and Structured Securities* ("SSAP No. 43R") at 2018 on loan-backed and structured securities in which the Company had the (1) intent to sell, (2) did not have the intent and ability to retain for a period of time sufficient to recover the amortized cost basis or (3) present value of cash flows expected to be collected is less than the amortized cost basis of the securities in accordance with SSAP No. 43R - *Loan-Backed and Structured Securities* ("SSAP No. 43R").

- (3) The Company had no recognized OTTI on loan-backed and structured securities currently held, in which the present value of cash flows expected to be collected is less than the amortized cost basis at December 31, 2018.
- (4) The Company's unrealized loss position on loan-backed and structured securities held by the Company at December 31, 2018 is as follows:
 - a. The aggregate amount of unrealized losses:

1. Less than 12 Months	(\$1,190)
2. 12 Months or Longer	(\$35,993)
 - b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$2,739,884
2. 12 Months or Longer	\$1,948,328

- (5) The Company has reviewed the loan-backed and structured securities in accordance with SSAP No. 43R in the table above and has concluded that these are performing assets generating investment income to support the needs of the business. Furthermore, the Company has no intention to sell the securities at December 31, 2018 before their cost can be recovered and does have the intent and ability to retain the securities for the time sufficient to recover the amortized cost basis; therefore, no OTTI write-down to fair value was determined to have occurred on these securities.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) The Company did not have any repurchase agreements or loaned securities transactions at December 31, 2018.
- (2) The Company did not pledge any of its assets as collateral, which are classified as securities pledged to creditors as of December 31, 2018.
- (3) Neither the Company nor its agent has accepted collateral that is permitted by contract or custom to sell or repledge as of December 31, 2018.
- (4) The Company did not have securities lending transactions administered by an affiliated agent which is "one line" reported at December 31, 2018.
- (5) The Company did not have any repurchase agreements, loaned securities or dollar repurchase agreements at December 31, 2018.
- (6) The Company has not accepted collateral that is not permitted by contract or custom to sell or repledge as of December 31, 2018.
- (7) The Company did not have any collateral for transactions that extend beyond one year from the reporting date.
- F. The Company did not have any repurchase agreements transactions accounted for as secured borrowing at December 31, 2018.
- G. The Company did not have any reverse repurchase agreements transactions accounted for as secured at December 31, 2018.
- H. The Company did not have any repurchase agreements transactions accounted for as a sale at December 31, 2018.
- I. The Company did not have any reverse repurchase agreements transactions accounted for as a sale at December 31, 2018.
- J. The Company did not have any real estate at December 31, 2018.
- K. The Company did not have any low-income housing tax credits at December 31, 2018.

L. Restricted Assets

(1) Restricted assets (including pledged):

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Percentage Gross (Admitted & Nonadmitted) Restricted to Total	7 Percentage Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown				\$—		\$—	\$—
b. Collateral held under security lending agreements				\$—		\$—	\$—
c. Subject to repurchase agreements				\$—		\$—	\$—
d. Subject to reverse repurchase agreements				\$—		\$—	\$—
e. Subject to dollar repurchase agreements				\$—		\$—	\$—
f. Subject to dollar reverse repurchase agreements				\$—		\$—	\$—
g. Placed under option contracts				\$—		\$—	\$—
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock				\$—		\$—	\$—
i. FHLB capital stock				\$—		\$—	\$—
j. On deposit with states	\$488,629	\$500,809	(\$12,180)		\$488,629	0.143	0.147
k. On deposit with other regulatory bodies				\$—		\$—	\$—
l. Pledged collateral to FHLB (including assets backing funding agreements)				\$—		\$—	\$—
m. Pledged as collateral not captured in other categories				\$—		\$—	\$—
n. Other restricted assets				\$—		—	—
o. Total Restricted Assets	\$488,629	\$500,809	(\$12,180)	\$—	\$488,629	0.143	0.147

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) The Company did not have any assets pledged as collateral not captured in other categories at December 31, 2018.

(3) The Company did not have any other restricted assets at December 31, 2018.

(4) The Company did not have any collateral received and reflected within its financial statements at December 31, 2018.

M. The Company did not have any working capital finance investments at December 31, 2018.

N. The Company did not have any offsetting and netting of derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets or liabilities at December 31, 2018.

O. The Company did not have any structured notes at December 31, 2018.

P. The Company did not have any 5GI* securities at December 31, 2018.

Q. The Company did not have any short sales within the reporting period. December 31, 2018.

R. The Company did not have any prepayment penalty and acceleration fees at December 31, 2018.

6. Joint Ventures, Partnerships, and Limited Liability Companies

A. The Company did not have any joint ventures, partnerships, or limited liability companies that exceeded 10% of its admitted assets at December 31, 2018 or 2017.

B. The Company does not have any impaired investments in joint ventures, partnerships, or limited liability companies at December 31, 2018 or 2017.

7. Investment Income

A. Due and accrued income was excluded from surplus on the following basis:

Bonds - where collection of interest is uncertain.

Preferred stock - where collection of dividends is uncertain.

Mortgage loans - all due and accrued interest on loans delinquent for more than one year and on other loans where collection of interest is uncertain.

Real estate - where rent is in arrears for more than three months.

Contract loans - where accrued interest is in excess of loan value.

B. There was no amount excluded at December 31, 2018 or 2017.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Aetna Better Health Inc. (an Ohio corporation)

8. Derivative Instruments

The Company did not have any derivative instruments at December 31, 2018 or 2017.

9. Income Taxes

A.

(1) The components of the net DTAs recognized in the Company's Statutory Statements of Assets and Liabilities, Capital and Surplus are as follows:

	As of End of Current Period			12/31/2017			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$4,067,897	\$165,555	\$4,233,452	\$4,003,006	\$199,398	\$4,202,404	\$64,891	(\$33,843)	\$31,048
(b) Statutory Valuation Allowance Adjustment	—	147,136	147,136	—	—	—	—	147,136	147,136
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	4,067,897	18,419	4,086,316	4,003,006	199,398	4,202,404	64,891	(180,979)	(116,088)
(d) Deferred Tax Assets Nonadmitted	—	—	—	—	128,555	128,555	—	(128,555)	(128,555)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	4,067,897	18,419	4,086,316	4,003,006	70,843	4,073,849	64,891	(52,424)	12,467
(f) Deferred Tax Liabilities	144,898	—	144,898	—	—	—	144,898	—	144,898
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$3,922,999	\$18,419	\$3,941,418	\$4,003,006	\$70,843	\$4,073,849	(\$80,007)	(\$52,424)	(\$132,431)

(2) The amount of admitted gross DTAs admitted under each component of SSAP No. 101:

	As of End of Current Period			12/31/2017			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$3,969,043	\$18,419	\$3,987,462	\$3,982,239	\$70,843	\$4,053,082	(\$13,196)	(\$52,424)	(\$65,620)
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	18,721	—	18,721	20,767	—	20,767	(2,046)	—	(2,046)
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	18,721	—	18,721	20,767	—	20,767	(2,046)	—	(2,046)
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.			27,832,278			19,541,353			8,290,925
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	80,133	—	80,133			—	80,133	—	80,133
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$4,067,897	\$18,419	\$4,086,316	\$4,003,006	\$70,843	\$4,073,849	\$64,891	(\$52,424)	\$12,467

3.

	2018	2017
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	619%	441%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$185,548,521	\$130,275,684

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Aetna Better Health Inc. (an Ohio corporation)

4. Impact of tax planning strategies on adjusted gross DTAs and net admitted DTAs:

	As of End of Current Period		12/31/2017		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$4,067,897	\$18,419	\$4,003,006	\$199,398	\$64,891	(\$180,979)
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies					—%	—%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$4,067,897	\$18,419	\$4,003,006	\$70,843	\$64,891	(\$52,424)
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies					—%	—%

b Do the Company's tax-planning strategies include the use of reinsurance?

Yes [] No [X]

B. There are no DTLs that were not recognized at December 31, 2018 or 2017.

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2017	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$27,388,303	\$28,110,390	(\$722,087)
(b) Foreign	27,388,303	28,110,390	(722,087)
(c) Subtotal	(90,002)	177,968	(267,970)
(d) Federal income tax on net capital gains			
(e) Utilization of capital loss carry-forwards			
(f) Other			
(g) Federal and foreign income taxes incurred	\$27,298,301	\$28,288,358	(\$990,057)
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of Unpaid Losses	\$1,872,065	\$2,076,736	(\$204,671)
(2) Provider advances - nonadmitted	2,115,699	1,926,270	189,429
(4) Investments	80,133	—	80,133
(13) Other (including items <5% of total ordinary tax assets)			
(99) Subtotal	4,067,897	4,003,006	64,891
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted			
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	4,067,897	4,003,006	64,891
(e) Capital:			
(1) Investments	165,555	195,562	(30,007)
(2) Net capital loss carry-forward			
(3) Real estate			
(4) Other (including items <5% of total ordinary tax assets)			
(99) Subtotal	—	3,836	(3,836)
(f) Statutory valuation allowance adjustment	165,555	199,398	(33,843)
(g) Nonadmitted	(147,136)	—	(147,136)
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	18,419	70,843	(52,424)
(i) Admitted deferred tax assets (2d + 2h)	\$4,086,316	\$4,073,849	\$12,467
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(5) Other (including items <5% of total ordinary tax liabilities)	144,898	—	144,898
(99) Subtotal	144,898	—	144,898
(b) Capital:			
(3) Other (including items <5% of total capital tax liabilities)			
(99) Subtotal			
(c) Deferred tax liabilities (3a99 + 3b99)	\$144,898	\$—	\$144,898
4. Net deferred tax assets/liabilities (2i - 3c)	\$3,941,418	\$4,073,849	(\$132,431)

The change in net deferred income taxes is comprised of the following:

	12/31/2018	12/31/2017	Change
Total Deferred Tax Assets	\$4,086,316	\$4,202,404	(\$116,088)
Total Deferred Tax Liabilities	(144,898)	—	(144,898)
Net Deferred Tax Assets/(Liabilities)	3,941,418	4,202,404	(260,986)
Tax Effect of Unrealized Gains/(Losses)			0
Change in Net Deferred Income Tax			(\$260,986)

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Aetna Better Health Inc. (an Ohio corporation)

The valuation allowance adjustment to gross DTAs was \$147,136 and \$0 for December 31, 2018 and 2017, respectively.

D. The provision for federal income taxes is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The items causing this difference were as follows:

	12/31/2018	Effective Tax		Effective Tax	
		Rate	12/31/2017	Rate	12/31/2017
Provision computed at statutory rate	\$27,258,454	21.0 %	\$32,912,460	35.0 %	
Health Insurer Fee	1,640,318	1.3 %	—	0.0 %	
Transfer Pricing Adjustment	(1,855,596)	(1.5%)	(4,247,368)	(4.5%)	
Tax-Exempt Interest	(468,104)	(0.4%)	(1,192,838)	(1.3%)	
Change in Nonadmitted Assets	(185,593)	(0.1%)	(2,702,531)	-2.9 %	
Prior Year True-Up	1,009,213	0.8 %	543,693	0.6%	
Change in Valuation Allowance	147,136	0.1 %	—	0.0%	
Impact on Deferred Tax for Enacted Rate Change	0	0.0 %	2,801,600	3.0 %	
Other	13,459	0.0 %	1	0.0 %	
Total	\$27,559,287	21.2 %	\$28,115,017	29.9 %	
Federal and foreign income tax (benefit) or expense incurred	\$27,298,301	21.0 %	\$28,288,358	30.1 %	
Change in net deferred income taxes	260,986	0.2%	(173,341)	(0.2%)	
Total statutory income taxes	\$27,559,287	21.2 %	\$28,115,017	29.9 %	

The transfer pricing adjustment allows taxpayers to apply different methods to price current period intercompany services at arm's length prices as compared to what would be charged to an unrelated entity, which results in a permanent deduction for tax reporting purposes.

E.

(1) At December 31, 2018 and 2017, the Company had no net capital loss or net operating loss carryforwards for tax purposes.

(2) The amount of federal income taxes incurred that is available for recoupment in the event of future net losses is as follows:

Year	Ordinary	Capital	Total
2018	\$2,195,527	\$0	\$2,195,527
2018	24,150,802	0	24,150,802
2017	N/A	177,968	177,968
Total	\$26,346,329	\$177,968	\$26,524,297

(3) The Company did not report any deposits as admitted assets under Internal Revenue Code Section 6603 at December 31, 2018 and 2017.

F.

(1) At December 31, 2018, the Company's Federal Income Tax Return was consolidated with the following entities:

Aetna Inc.	CVS Health Corporation
@ Credentials Inc.	Accendo Insurance Company
Accordant Common, LLC	Accordant Health Services, LLC
Accuscript MO, Inc.	ACS Acqco Corp.
Active Health Management, Inc.	Adminco, Inc.
Administrative Enterprises, Inc.	Advanced Care Scripts, Inc.
Advanced Healthcare Distributors, LLC	AdvancePCS Specialty Rx, LLC
ADVANCERX.COM, LLC	Aetna Asset Advisors, LLC
Aetna Behavioral Health, LLC	Aetna Better Health Inc. (Georgia)
Aetna Better Health Inc. (IL)	Aetna Better Health Inc. (NJ)
Aetna Better Health Inc. (NY)	Aetna Better Health Inc. (OH)
Aetna Better Health Inc. (Tennessee)	Aetna Better Health of California, Inc.
Aetna Better Health of Iowa, Inc.	Aetna Better Health of Kansas Inc.
Aetna Better Health of Kentucky Insurance Co.	Aetna Better Health of Michigan, Inc.
Aetna Better Health of Missouri LLC	Aetna Better Health of Nevada Inc.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Aetna Better Health Inc. (an Ohio corporation)

Aetna Better Health of North Carolina, Inc.
Aetna Better Health of Texas, Inc.
Aetna Better Health, Inc. (Connecticut)
Aetna Better Health, Inc. (PA)
Aetna Card Solutions, LLC
Aetna Dental Inc. (Texas)
Aetna Financial Holdings, LLC
Aetna Health Holdings, LLC
Aetna Health Inc. (Florida)
Aetna Health Inc. (LA)
Aetna Health Inc. (Michigan)
Aetna Health Inc. (NY)
Aetna Health Inc. (Texas)
Aetna Health Insurance Company of New York
Aetna Health of California Inc.
Aetna Health of Utah, Inc.
Aetna Integrated Informatics, Inc.
Aetna Ireland Inc.
Aetna Medicaid Administrators LLC
Aetna Pharmacy Management Services, LLC
Aetna Rx Home Delivery, LLC
Aetna Student Health Agency, Inc.
Alabama CVS Pharmacy, LLC
Alaska CVS Pharmacy, LLC
AMC - New York, Inc.
American Drug Stores Delaware, LLC
Apria Finance Holdings, Inc.
APS-Summit Care Pharmacy, LLC
Arkansas CVS Pharmacy, LLC
ASCO HealthCare, LLC
AUSHC Holdings, Inc. (CT)
Badger Acquisition of Kentucky, LLC
Badger Acquisition of Ohio, LLC
Best Care LTC Acquisition Company, LLC
BNY Acquisition Corp
bswift, LLC
Campo's Medical Pharmacy, Inc.
Care4, LP
Carecenter Pharmacy, LLC
Caremark Arizona Specialty Pharmacy Holding, LLC
Caremark California Specialty Pharmacy Holding, LLC
Caremark Dallas Pharmacy, LLC
Caremark Hawaii Mail Pharmacy, LLC
Caremark Irving Resource Center Holding, LLC
Caremark Ohio Specialty Pharmacy Holding, LLC
Caremark PA Specialty Pharmacy Holding, LLC
Caremark Pennsylvania Specialty Pharmacy, LLC
Caremark Puerto Rico Holding, LLC
Caremark Puerto Rico Specialty Pharmacy, LLC
Caremark Redlands Pharmacy, LLC
Caremark Texas Mail Pharmacy Holding, LLC
Caremark Ulysses Holding Corp.
CaremarkPCS Alabama Mail Pharmacy Holding, LLC
CaremarkPCS Health, LLC
CaremarkPCS Pennsylvania Mail Pharmacy, LLC
CCRx Holdings, LLC
CCRx of North Carolina, LLC
Choice Source Therapeutic Of Houston, Texas, LLC
CHP Acquisition Corp.
Claims Administration Corporation
Aetna Better Health of Oklahoma Inc.
Aetna Better Health of Washington, Inc.
Aetna Better Health, Inc. (LA)
Aetna Capital Management, LLC
Aetna Dental Inc. (New Jersey)
Aetna Dental of California, Inc.
Aetna Florida, Inc.
Aetna Health Inc. (Connecticut)
Aetna Health Inc. (Georgia)
Aetna Health Inc. (Maine)
Aetna Health Inc. (New Jersey)
Aetna Health Inc. (Pennsylvania)
Aetna Health Insurance Company
Aetna Health Management, LLC
Aetna Health of Iowa, Inc.
Aetna HealthAssurance Pennsylvania, Inc.
Aetna International Inc.
Aetna Life & Casualty (Bermuda) Limited
Aetna Network Services LLC
Aetna Risk Assurance Company of Connecticut
Aetna Specialty Pharmacy, LLC
Aetna Workers' Comp Access, LLC
Alajasper Realty Services, LLC
Alliant Corporation
AMC - Tennessee, Inc.
American Health Holding, Inc.
APS Acquisition LLC
Arizona CVS Stores, LLC
ASCO Healthcare of New England Limited Partnership
ASI Wings, LLC
Badger Acquisition LLC
Badger Acquisition of Minnesota, LLC
Baumel Eisner Neuromedical Institute, LLC
Bluegrass Pharmacy of Lexington, LLC
Bruin Acquisition Co., Inc.
Busse CVS, LLC #3110
Care Pharmaceutical Services, LP
Carecenter Pharmacy, LLC
Carefree Insurance Services, Inc.
Caremark Arizona Specialty Pharmacy, LLC
Caremark California Specialty Pharmacy, LLC
Caremark Hawaii Mail Pharmacy Holding, LLC
Caremark Illinois Mail Pharmacy Holding, LLC
Caremark Irving Resource Center, LLC
Caremark Ohio Specialty Pharmacy, LLC
Caremark PCS, LLC
Caremark PHC, LLC
Caremark Puerto Rico Specialty Pharmacy Holding, LLC
Caremark Puerto Rico, LLC
Caremark Rx, LLC
Caremark Texas Mail Pharmacy, LLC
Caremark, LLC
CaremarkPCS Alabama Mail Pharmacy, LLC
CaremarkPCS Pennsylvania Mail Pharmacy Holding, LLC
CC Advertising & Marketing, LLC
CCRx of North Carolina Holdings, LLC
Central Rx Services, LLC
Choice Source, LLC
Circle Tallahassee Re, LLC
Cofinity, Inc.

Compass Health Services, LLC	CompScript, LLC
Connecticut CVS Pharmacy, LLC	Continuing Care RX, LLC
Coram Alternate Site Services, Inc.	Coram Clinical Trials, Inc.
Coram Healthcare Corporation of Alabama	Coram Healthcare Corporation Of Florida
Coram Healthcare Corporation Of Greater D.C.	Coram Healthcare Corporation of Greater New York
Coram Healthcare Corporation of Indiana	Coram Healthcare Corporation of Massachusetts
Coram Healthcare Corporation of Mississippi	Coram Healthcare Corporation of Nevada
Coram Healthcare Corporation of North Texas	Coram Healthcare Corporation of Northern California
Coram Healthcare Corporation of Southern California	Coram Healthcare Corporation Of Southern Florida
Coram Healthcare Corporation of Utah	Coram LLC
Coram Specialty Infusion Services, LLC	CoramRX, LLC
Corporate Benefit Strategies, Inc.	Coventry Consumer Advantage, Inc.
Coventry Health and Life Insurance Company	Coventry Health Care National Accounts, Inc.
Coventry Health Care National Network, Inc.	Coventry Health Care of Florida, Inc.
Coventry Health Care of Illinois, Inc.	Coventry Health Care of Kansas, Inc.
Coventry Health Care of Missouri, Inc.	Coventry Health Care of Nebraska, Inc.
Coventry Health Care of Virginia, Inc.	Coventry Health Care of West Virginia, Inc.
Coventry Health Care Workers Compensation, Inc.	Coventry Health Plan of Florida, Inc.
Coventry HealthCare Management Corporation	Coventry Prescription Management Services, Inc.
Coventry Rehabilitation Services, Inc.	Coventry Transplant Network, Inc.
CP Acquisition Corp.	CP Services LLC
CSR, Inc.	CVS 1001 MA, LLC
CVS 10015 MA, LLC	CVS 10019 AR, LLC
CVS 10024 VA, LLC	CVS 10049 KY, LLC
CVS 10078 FL, LLC	CVS 10099 DE, LLC
CVS 10117 VA, LLC	CVS 10125 MA, LLC
CVS 10154 GA, LLC	CVS 10170 VA, LLC
CVS 10175 OK, LLC	CVS 10196 MA, LLC
CVS 10201 MN, LLC	CVS 10206 AL, LLC
CVS 10208 AL, LLC	CVS 10238 DE, LLC
CVS 10242 NE, LLC	CVS 10251 VA, LLC
CVS 10273 OK, LLC	CVS 10275 OK, LLC
CVS 10279 KY, LLC	CVS 10286 VA, LLC
CVS 10320 VA, LLC	CVS 10326 OK, LLC
CVS 10346 FL, LLC	CVS 10374 OH, LLC
CVS 10376 DE, LLC	CVS 10396 MN, LLC
CVS 1041 MA, LLC	CVS 10410 NE, LLC
CVS 10419 WI, LLC	CVS 10422 VA, LLC
CVS 10430 AR, LLC	CVS 10432 AR, LLC
CVS 10453 VA, LLC	CVS 10454 VA, LLC
CVS 10501 MA, LLC	CVS 10504 FL, LLC
CVS 10515 TN, LLC	CVS 10518 AR, LLC
CVS 10533 WI, LLC	CVS 10534 AR, LLC
CVS 10539 AR, LLC	CVS 10560 OK, LLC
CVS 10563 VA, LLC	CVS 10586 VA, LLC
CVS 10589 GA, LLC	CVS 10644 FL, LLC
CVS 10666 AR, LLC	CVS 10683 KY, LLC
CVS 10684 VA, LLC	CVS 10746 VA, LLC
CVS 10756 MN, LLC	CVS 10768 VA, LLC
CVS 10770 VA, LLC	CVS 10779 AR, LLC
CVS 10781 CO, LLC	CVS 10782 CO, LLC
CVS 10783 CO, LLC	CVS 10784 CO, LLC
CVS 10785 CO, LLC	CVS 10787 SC, LLC
CVS 10788 KY, LLC	CVS 1079 GA, LLC
CVS 10811 AL, LLC	CVS 10812 KY, LLC
CVS 10816 AR, LLC	CVS 10830 CO, LLC
CVS 10831 CO, LLC	CVS 10836 MA, LLC
CVS 10893 OH, LLC	CVS 10898 AL, LLC
CVS 10937 VA, LLC	CVS 10949 TN, LLC
CVS 10958 CO, LLC	CVS 10967 VA, LLC

CVS 10968 VA, LLC	CVS 10975 AR, LLC
CVS 10976 OK, LLC	CVS 10990 VA, LLC
CVS 10992 VA, LLC	CVS 11000 CO, LLC
CVS 11001 CO, LLC	CVS 11002 CO, LLC
CVS 11016 AL, LLC	CVS 11017 GA, LLC
CVS 11019 KY, LLC	CVS 11024 CO, LLC
CVS 11056 VA, LLC	CVS 11070 MN, LLC
CVS 11083 VA, LLC	CVS 11086 OH, LLC
CVS 11089 KY, LLC	CVS 11092 OK, LLC
CVS 11093 AR, LLC	CVS 11104 CO, LLC
CVS 11105 CO, LLC	CVS 11115 VA, LLC
CVS 11155 OH, LLC	CVS 11158 AR, LLC
CVS 11179 VA, LLC	CVS 11233 VA, LLC
CVS 1126 FL, LLC	CVS 1131 MA, LLC
CVS 11337 CO, LLC	CVS 1194 SC, LLC
CVS 1200 SC, LLC	CVS 1383 VA, LLC
CVS 1420 GA, LLC	CVS 1427, LLC
CVS 1435 MD, LLC	CVS 1452 MD, LLC
CVS 1461 MD, LLC	CVS 1525 VA, LLC
CVS 1538 VA, LLC	CVS 1547 VA, LLC
CVS 1556 VA, LLC	CVS 1561 VA, LLC
CVS 1589 MI, LLC	CVS 1743 AZ, LLC
CVS 180 SC, LLC	CVS 1803 MA, LLC
CVS 2003 VA, LLC	CVS 2004 VA, LLC
CVS 2019 VA, LLC	CVS 2048 RI, LLC
CVS 2065 RI, LLC	CVS 2212 GA, LLC
CVS 2545 CT, LLC	CVS 264 NJ, LLC
CVS 2747 FL, LLC	CVS 2776 VA, LLC
CVS 2829 FL, LLC	CVS 2948 Henderson, LLC #2948
CVS 301 MA, LLC	CVS 3042 DE, LLC
CVS 3121 FL, LLC	CVS 3186 WV, LLC
CVS 3227 FL, LLC	CVS 3232 NC, LLC
CVS 3250 FL, LLC	CVS 3257 FL, LLC
CVS 326 RI, LLC	CVS 3268 Gilbert, LLC #3268
CVS 3269 FL, LLC	CVS 3271 FL, LLC
CVS 3301 OH, LLC	CVS 3318 FL, LLC
CVS 3320 OH, LLC	CVS 3343 OH, LLC
CVS 3353 OH, LLC	CVS 3356 OH, LLC
CVS 3380 SC, LLC	CVS 3407 OH, LLC
CVS 3416 OH, LLC	CVS 3418 FL, LLC
CVS 3432 OH, LLC	CVS 3452 OH, LLC
CVS 3460 VA, LLC	CVS 3468 OH, LLC
CVS 3471 OH, LLC	CVS 3537 SC, LLC
CVS 3558 NV, LLC	CVS 3563 NC, LLC
CVS 3625 AZ, LLC	CVS 3667 FL, LLC
CVS 373 MA, LLC	CVS 3745 Peoria, LLC #3745
CVS 3749 AZ, LLC	CVS 3805 SC, LLC
CVS 3818 FL, LLC	CVS 3831 NC, LLC
CVS 3833 NC, LLC	CVS 3923 FL, LLC
CVS 3965 AZ, LLC	CVS 3967 AZ, LLC
CVS 397 RI, LLC	CVS 3973 NC, LLC
CVS 3987 NC, LLC	CVS 3988 NC, LLC
CVS 4015 FL, LLC	CVS 4016 MA, LLC
CVS 4073 MA, LLC	CVS 410 FL, LLC
CVS 4110 TN, LLC	CVS 4153 SC, LLC
CVS 4225 MD, LLC	CVS 4300 OH, LLC
CVS 433 MA, LLC	CVS 4331 OH, LLC
CVS 4380 WI, LLC	CVS 4419 WV, LLC
CVS 4480 FL, LLC	CVS 4485 FL, LLC
CVS 449 MA, LLC	CVS 4519 MS, LLC

CVS 4523 SC, LLC	CVS 4533 TN, LLC
CVS 4536 MS, LLC	CVS 4544 RI, LLC (f/k/a CVS 75566 RI, LLC)
CVS 4639 FL, LLC	CVS 4669 GA, LLC
CVS 4672 GA, LLC	CVS 4695 GA, LLC
CVS 4738 FL, LLC (f/k/a CVS 75462 FL, LLC)	CVS 4769 SC, LLC
CVS 4795 AZ, LLC	CVS 4832 AL, LLC
CVS 4840 AL, LLC	CVS 4853 AL, LLC
CVS 4896 OK, LLC	CVS 4900 AL, LLC
CVS 4905 AL, LLC	CVS 4944 AL, LLC
CVS 4976 AL, LLC	CVS 4981 MA, LLC
CVS 4993 MS, LLC	CVS 5018 TN, LLC
CVS 5021 VA, LLC	CVS 5029 AZ, LLC
CVS 5089 NY, LLC	CVS 5111 FL, LLC
CVS 5112 FL, LLC	CVS 5113 NV, LLC
CVS 5131 AZ, LLC	CVS 516 VA, LLC
CVS 5165 FL, LLC	CVS 5168 MS, LLC
CVS 5180 FL, LLC	CVS 5271 KS, LLC
CVS 5282 LA, LLC	CVS 5354 LA, LLC
CVS 5374 LA, LLC	CVS 5375 FL, LLC
CVS 5382 IL, LLC	CVS 5419 SC, LLC
CVS 5432 LA, LLC	CVS 5448 FL, LLC
CVS 5467 VA, LLC	CVS 5469 LA, LLC
CVS 5492 MN, LLC	CVS 5523 GA, LLC
CVS 5537 NC, LLC	CVS 5542 SC, LLC
CVS 5545 NC, LLC	CVS 5552 SC, LLC
CVS 5568 NC, LLC	CVS 5577 NC, LLC
CVS 5585 NC, LLC	CVS 5589 FL, LLC
CVS 5595 NC, LLC	CVS 5616 MN, LLC
CVS 5622 GA, LLC	CVS 5625 MO, LLC
CVS 5680 GA, LLC	CVS 5683 GA, LLC
CVS 5740 MS, LLC	CVS 5779 AZ, LLC
CVS 5783 IL, LLC	CVS 5791 AZ, LLC
CVS 5793 AZ, LLC	CVS 5801 MS, LLC
CVS 5812 AZ, LLC	CVS 5815 FL, LLC
CVS 5816 FL, LLC	CVS 582 MA, LLC
CVS 5828 CA, LLC	CVS 5829 IL, LLC
CVS 5849 AZ, LLC	CVS 5850 MS, LLC
CVS 5851 IL, LLC	CVS 5856 MA, LLC
CVS 5890 AZ, LLC	CVS 5891 AZ, LLC
CVS 5892 AZ, LLC	CVS 5893 AZ, LLC
CVS 590 RI, LLC	CVS 5931 AZ, LLC
CVS 5934 AZ, LLC	CVS 6009 OK, LLC
CVS 6012 GA, LLC	CVS 6073 NJ, LLC
CVS 6089 OH, LLC	CVS 6116 KY, LLC
CVS 612 MA, LLC	CVS 6135 NJ, LLC
CVS 6142 OK, LLC	CVS 6201 MN, LLC
CVS 6233 OK, LLC	CVS 6304 TN, LLC
CVS 6305 WV, LLC	CVS 6306 WV, LLC
CVS 6342 KY, LLC	CVS 6349 OH, LLC
CVS 6363 TN, LLC	CVS 6384 KY, LLC
CVS 6395 TN, LLC	CVS 6413 TN, LLC
CVS 6423, LLC	CVS 6429 TN, LLC
CVS 6572 IN. II, LLC	CVS 6572 IN., LLC
CVS 6796 MA, LLC	CVS 6852 VA, LLC
CVS 6867 NV, LLC	CVS 6869 DE, LLC
CVS 6874 IN, LLC	CVS 6941 KY, LLC
CVS 6972 FL, LLC	CVS 7036, LLC
CVS 7047, LLC	CVS 7057 NC, LLC
CVS 7070 MS, LLC	CVS 709 FL, LLC
CVS 7109 MA, LLC	CVS 7133 FL, LLC

CVS 7148 NC, LLC	CVS 7157 NC, LLC
CVS 7173 FL, LLC	CVS 7180 AL, LLC
CVS 7200, LLC	CVS 7215 AL, LLC
CVS 7382 NC, LLC	CVS 75024 AL, LLC
CVS 75121 SC, LLC	CVS 75124 MI, LLC
CVS 75129 FL, LLC	CVS 75137 MD, LLC
CVS 75139 NJ, LLC	CVS 75144 RI, LLC
CVS 75151 OH, LLC	CVS 75156 NV, LLC
CVS 75157 MI, LLC	CVS 75160 SC, LLC
CVS 75161 AZ, LLC	CVS 75162 AZ, LLC
CVS 75163 GA, LLC	CVS 75165 GA, LLC
CVS 7519 MN, LLC	CVS 75195 FL, LLC
CVS 75235 RI, LLC	CVS 75249 FL, LLC
CVS 75257 NJ, LLC	CVS 75269 MI, LLC
CVS 75275 TN, LLC	CVS 75280 NC, LLC
CVS 75294 FL, LLC	CVS 75307 KS, LLC
CVS 75312 VA, LLC	CVS 75334 FL, LLC
CVS 75363 GA, LLC	CVS 75365 GA, LLC
CVS 75374 NJ, LLC	CVS 75377 NC, LLC
CVS 75380 GA, LLC	CVS 75393 DE, LLC
CVS 75408 FL, LLC	CVS 75416 KY, LLC
CVS 75441 GA, LLC	CVS 75444 NV, LLC
CVS 75461 AL, LLC	CVS 75485 NC, LLC
CVS 75486 KS, LLC	CVS 75503 GA, LLC
CVS 75536 GA, LLC	CVS 75558 FL, LLC
CVS 75560 NJ, LLC	CVS 75561 NJ, LLC
CVS 75562 VA, LLC	CVS 75563 MD, LLC
CVS 75569 GA, LLC	CVS 75572 NC, LLC
CVS 75583 MA, LLC	CVS 75584 MA, LLC
CVS 75590 MN, LLC	CVS 75615 FL, LLC
CVS 75619 NJ, LLC	CVS 75626 GA, LLC
CVS 75636 NV, LLC	CVS 75642 VA, LLC
CVS 75651 SC, LLC	CVS 75659 OK, LLC
CVS 75660 OK, LLC	CVS 75669 MA, LLC
CVS 75676 KY, LLC	CVS 75679 SC, LLC
CVS 75707 FL, LLC	CVS 75718 OH, LLC
CVS 75719 MN, LLC	CVS 75733 NV, LLC
CVS 75738 RI, LLC	CVS 75740 NJ, LLC
CVS 75743 NJ, LLC	CVS 75770 NC, LLC
CVS 75771 NC, LLC	CVS 75774 MA, LLC
CVS 75795 DE, LLC	CVS 75799 NJ, LLC
CVS 75849 NC, LLC	CVS 75896 MA, LLC
CVS 75905 NJ, LLC	CVS 75924 FL, LLC
CVS 75935 NV, LLC	CVS 75946 VA, LLC
CVS 75947 GA, LLC	CVS 75952 WI, LLC
CVS 75958 MN, LLC	CVS 75959 MN, LLC
CVS 75961 SC, LLC	CVS 75977 MN, LLC
CVS 75978 FL, LLC	CVS 75995 DE, LLC
CVS 7648 KY, LLC	CVS 770 FL, LLC
CVS 7701, LLC	CVS 7885 GA, LLC
CVS 7888 GA, LLC	CVS 8003 MI, LLC
CVS 8009 MI, LLC	CVS 8067 MI, LLC
CVS 8071 MI, LLC	CVS 8078 MI, LLC
CVS 8086 MI, LLC	CVS 8103 MI, LLC
CVS 8123 MI, LLC	CVS 8133 MI, LLC
CVS 8165 MI, LLC	CVS 8207 MI, LLC
CVS 8281 MD, LLC	CVS 8302 MI, LLC
CVS 8303 TN, LLC	CVS 8415 NE, LLC
CVS 8549 MI, LLC	CVS 8615 NE, LLC
CVS 866 FL, LLC	CVS 8774 WI, LLC

CVS 8776 WI, LLC	CVS 8909 NC, LLC
CVS 8956 MS, LLC	CVS 8975 SC, LLC
CVS 8993 MS, LLC	CVS 920 MA, LLC
CVS 921 IL, LLC	CVS 932 FL, LLC
CVS 962 GA, LLC	CVS 9674 CA, LLC
CVS 976 FL, LLC	CVS AL Distribution, LLC
CVS ALBANY, LLC	CVS AOC Services, LLC
CVS ARCLIGHT, INC.	CVS Bay City 8207 MI, LLC
CVS Bellmore Avenue, LLC #2154	CVS Caremark Advanced Technology Pharmacy, LLC
CVS Caremark Indemnity Ltd.	CVS Caremark Part D Services, LLC
CVS Durham 7042, LLC	CVS EGL 5624 MO, LLC
CVS EGL 571 FL, LLC	CVS EGL 7958 FL, LLC
CVS ETB Holding Company, LLC	CVS Falmouth KY, LLC
CVS Foreign, Inc. #9736	CVS Gilbert 3272, LLC #3272
CVS Grand Bay 4782, LLC	CVS Greensboro, LLC
CVS Indiana, LLC #0877	CVS International, LLC
CVS Lagrange 4540, LLC	CVS Logan 3454, LLC
CVS Manchester NH, LLC #0200	CVS Michigan, LLC #9415
CVS Montgomery 6094, LLC	CVS NV Holding Company, LLC
CVS Orlando FL Distribution, LLC	CVS PA Distribution, LLC
CVS Pharmacy Inc.	CVS PR Center Inc.
CVS PR Center, Inc.	CVS PR Holding Company, LLC
CVS RCI, LLC	CVS RS Arizona, LLC
CVS Rx Services, Inc. #0886	CVS Safir Sourcing, LLC
CVS SC Distribution, LLC	CVS SP 5897 FL, LLC
CVS State Capital, LLC #0800	CVS TN Distribution, LLC
CVS Transportation, LLC	CVS TX Holding Company, LLC
CVS Vero FL Distribution, LLC	CVS Washington 6448, LLC
CVS Weymouth 1853, LLC	CVS WWRE, INC.
D&R Pharmaceutical Services, LLC	D.A.W., LLC
Delaware CVS Pharmacy, LLC	Delaware Physicians Care, Inc.
DG Danville KY, LLC	Digital EHealth, LLC
Digital Enterprise Realty, LLC	District Of Columbia CVS Pharmacy, LLC
E.T.B., INC.	Echo Merger Sub, Inc.
Eckerd Corporation Of FL, Inc.	Employee Assistance Services, LLC
Enloe Drugs, LLC	Enterprise Safety Organization, LLC
Escalante Solutions, LLC	Evergreen Pharmaceutical of California, Inc.
Evergreen Pharmaceutical, LLC	Express Pharmacy Services of PA, LLC
First Health Group Corp.	First Health Life and Health Insurance Company
First Script Network Services, Inc.	Florida Health Plan Administrators, LLC
FOCUS Healthcare Management, Inc.	Garfield Beach CVS, LLC
Generation Health, LLC	Geneva Woods Health Services, LLC
Geneva Woods LTC Pharmacy, LLC	Geneva Woods Management, LLC
Geneva Woods Pharmacy Alaska, LLC	Geneva Woods Pharmacy Washington, LLC
Geneva Woods Pharmacy Wyoming, LLC	Geneva Woods Pharmacy, Inc.
Geneva Woods Retail Pharmacy, LLC	Georgia CVS Pharmacy, LLC
German Dobson CVS, LLC #5038	Goodyear CVS, LLC #3749
Grand St. Paul CVS, LLC	Grandview Pharmacy, LLC
Group Dental Service of Maryland, Inc.	Group Dental Service, Inc.
HCP Acquisition Sub, LLC	Health and Human Resource Center, Inc.
Health Data & Management Solutions, Inc.	Health Re, Inc.
Healthagen LLC	HealthAssurance Pennsylvania, Inc.
Highland Park CVS, LLC	Holiday CVS, LLC
Home Care Pharmacy, LLC	Home Pharmacy Services, LLC
Hook-Superx, LLC	Horizon Behavioral Services, LLC
Idaho CVS Pharmacy, LLC	Institutional Health Care Services, LLC
Interlock Pharmacy Systems, LLC	Iowa CVS Pharmacy, LLC
Ironbound CVS Urban Renewal, LLC	iTriage, LLC
JEC Funding, Inc.	JHC Acquisition, LLC
Kansas CVS Pharmacy, LLC	Kentucky CVS Pharmacy, LLC

Langsam Health Services, LLC	LCPS Acquisition, LLC
LHS Acquisition Sub, LLC	Lobos Acquisition, LLC
Lo-Med Prescription Services, LLC	Longs Drug Stores California, LLC
Longs Drug Stores, LLC	Louisiana CVS Pharmacy, LLC
Managed Care Coordinators, Inc.	Managed Healthcare, Inc.
Martin Health Services, Inc.	Maryland CVS Pharmacy, LLC
Massachusetts CVS Pharmacy, Inc.	Med World Acquisition Corp.
Medical Arts Health Care, Inc.	Melville Realty Co., Inc.
Member Health, LLC	Mental Health Associates, Inc.
Mental Health Network of New York IPA, Inc.	Meritain Health, Inc.
Merwin IV & Specialty Pharmacy, LLC	Merwin Long Term Care, Inc.
Merwin Rx-Compounding Pharmacy, LLC	MetraComp, Inc.
MHHP Acquisition Company, LLC	MHNet Life and Health Insurance Company
MHNet of Florida, Inc.	MHNet Specialty Services LLC
Minuteclinic Diagnostic Of Alabama, LLC	Minuteclinic Diagnostic Of Arizona, LLC
Minuteclinic Diagnostic Of Florida, LLC	Minuteclinic Diagnostic Of Georgia, LLC
Minuteclinic Diagnostic Of Hawaii, LLC	Minuteclinic Diagnostic Of Illinois, LLC
Minuteclinic Diagnostic Of Kentucky, LLC	Minuteclinic Diagnostic Of Louisiana, LLC
Minuteclinic Diagnostic Of Maine, LLC	Minuteclinic Diagnostic Of Maryland, LLC
Minuteclinic Diagnostic Of Massachusetts, LLC	Minuteclinic Diagnostic Of Nebraska, LLC
Minuteclinic Diagnostic Of New Hampshire, LLC	Minuteclinic Diagnostic Of New Mexico, LLC
Minuteclinic Diagnostic Of Ohio, LLC	Minuteclinic Diagnostic Of Oklahoma, LLC
Minuteclinic Diagnostic Of Oregon, LLC	Minuteclinic Diagnostic Of Pennsylvania, LLC
Minuteclinic Diagnostic Of Rhode Island, LLC	Minuteclinic Diagnostic Of South Carolina, LLC
Minuteclinic Diagnostic Of Texas, LLC	Minuteclinic Diagnostic Of Utah, LLC
Minuteclinic Diagnostic Of Virginia, LLC	Minuteclinic Diagnostic Of Washington, LLC
Minuteclinic Diagnostic Of Wisconsin, LLC	Minuteclinic Online Diagnostic Services, LLC
Minuteclinic Telehealth Services, LLC	Minuteclinic, LLC
Mississippi CVS Pharmacy, LLC	Missouri CVS Pharmacy, LLC
Montana CVS Pharmacy, LLC	Mountain Grove Investment Group LLC
NCS Healthcare of Illinois, LLC	NCS Healthcare of Indiana LLC
NCS Healthcare of Iowa, LLC	NCS Healthcare of Kansas, LLC
NCS Healthcare of Kentucky, Inc.	NCS Healthcare of Montana, Inc.
NCS Healthcare of New Hampshire, Inc.	NCS Healthcare of New Mexico, Inc.
NCS Healthcare of Ohio, LLC	NCS Healthcare of South Carolina, Inc.
NCS Healthcare of Tennessee, Inc.	NCS Healthcare of Wisconsin, LLC
NCS Healthcare, LLC	NCSH Acquisition Sub, LLC
Nebraska CVS Pharmacy, LLC	NeighborCare Holdings, Inc.
NeighborCare of Indiana, LLC	NeighborCare of New Hampshire, LLC
NeighborCare of Virginia, LLC	NeighborCare Pharmacies, LLC
NeighborCare Pharmacy of Virginia, LLC	NeighborCare Pharmacy Services, Inc.
NeighborCare Services Corporation	NeighborCare, Inc.
Nevada CVS Pharmacy, LLC	New Jersey CVS Pharmacy, LLC
NH Acquisition Sub, LLC	Niagara Re, Inc.
NIV Acquisition, LLC	North Carolina CVS Pharmacy, LLC
North Shore Pharmacy Services LLC	Novologix, LLC
NS Acquisition Sub, LLC	NSPS Acquisition Sub, LLC
Ocean Acquisition Sub, LLC	OCR Services Corporation
OCR-RA Acquisition, LLC	Ohio CVS Stores, LLC
Oklahoma CVS Pharmacy, LLC	Omnicare Distribution Center LLC
Omnicare ESC LLC	Omnicare Foundation
Omnicare Headquarters LLC	Omnicare Holding Company
Omnicare Indiana Partnership Holding Company LLC	Omnicare of Nevada, LLC
Omnicare of New York, LLC	Omnicare Pharmacies of Pennsylvania East LLC
Omnicare Pharmacies of Pennsylvania West LLC	Omnicare Pharmacies of the Great Plains Holding Company
Omnicare Pharmacy and Supply Services LLC	Omnicare Pharmacy of Florida, LP
Omnicare Pharmacy of Maine LLC	Omnicare Pharmacy of Nebraska, LLC
Omnicare Pharmacy of North Carolina, LLC	Omnicare Pharmacy of Pueblo, LLC
Omnicare Pharmacy of Tennessee, LLC	Omnicare Pharmacy of Texas 1, LP
Omnicare Pharmacy of Texas 2, LP	Omnicare Pharmacy of the Midwest, LLC

Omnicare Property Management, LLC	Omnicare, Inc.
OPGP Acquisition Sub, LLC	OPM Acquisition Sub, LLC
Oregon CVS Pharmacy, LLC	Part D Holding Co., LLC
PayFlex Holdings, Inc.	PayFlex Systems USA, Inc.
Pennsylvania CVS Pharmacy, LLC	Pennsylvania Life Insurance Company
Performax, Inc.	Pharmacare Holding Company
Pharmacare Pharmacy, LLC	Pharmacare Specialty Healthcare Distributors, LLC
Pharmacy Associates of Glens Falls, Inc.	Pharmacy Consultants, LLC
Pharmacy Holding #1, LLC	Pharmacy Holding #2, LLC
PharmaSource Healthcare, Inc.	Pharm-Corp of Maine LLC
Pharmed Holdings, Inc.	Pharmore, Inc.
Phoenix Data Solutions LLC	PMRP Acquisition Company, LLC
PP Acquisition Company, LLC	Precision Benefit Services, Inc.
PrimeNet, Inc.	PRN Pharmaceutical Services, LP
Procare 4268 Yankee, LLC	Procare Pharmacy Direct, LLC
Procare Pharmacy, LLC	Prodigy Health Group, Inc.
Professional Pharmacy Services, Inc.	Professional Risk Management, Inc.
PSI Arkansas Acquisition, LLC	Puerto Rico CVS Pharmacy, LLC
Red Oak Sourcing, LLC	Resources for Living, LLC
Retrac, Inc. #107	Rhode Island CVS Pharmacy, LLC
Richmond Heights Acquisition Corp.	Roeschen's Healthcare LLC
Rx Innovations 4439, LLC	RxAMERICA, LLC
RXC Acquisition Company	Schaller Anderson Medical Administrators Inc.
Scrip World, LLC	Sheffield Avenue CVS, LLC #3690
Shore Pharmaceutical Providers, LLC	SilverScript Insurance Company
Sky Acquisition LLC	South Carolina CVS Pharmacy, LLC
South Wabash CVS, LLC #3674	Specialized Pharmacy Services, LLC
Specialty Services Holding LLC	Speedwell CVS Urban Renewal, LLC
Sterling Healthcare Services, Inc.	Strategic Resource Company
Suburban Medical Services, LLC	Superior Care Pharmacy, Inc.
T2 Medical, Inc.	TCPI Acquisition Corp.
Tennessee CVs Pharmacy, LLC	The Vasquez Group, Inc.
Thomas Phoenix CVS, LLC #3625	Three Forks Apothecary, LLC
Thundermist Services, LLC	U.S. Health Care Properties, Inc.
UAC Holding, Inc.	UC Acquisition Corp.
Uni-Care Health Services of Maine, Inc.	Utah CVS Pharmacy, LLC
Value Health Care Services LLC	VAPS Acquisition Company, LLC
Vermont CVS Pharmacy, LLC	VHCS Acquisition Sub, LLC
Virginia CVS Pharmacy, LLC	Warm Springs Road CVS, LLC #2928
Washington CVS Pharmacy, LLC	Washington Lamb CVS, LLC #3172
Weber Medical Systems LLC	Wellpartner, LLC
West Virginia CVS Pharmacy, LLC	Westhaven Services Co, LLC
Williamson Drug Company, Incorporated	Wisconsin CVS Pharmacy, LLC
Woodruff Realty Associates, LLC #2085	Woodward Detroit CVS, LLC
Work & Family Benefits, Inc.	WP Smart Holdings, LLC
ZS Acquisition Company, LLC	976 Miami RE, LLC

(2) As explained in Note 1, the Company participates in a tax sharing agreement with its parent and affiliates.

G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

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

A., B. and C.

The Company paid \$15,747,242 as an ordinary dividend and \$30,600,000 as an extraordinary dividend to its parent on September 7, 2018. The Ohio Department approved this distribution on September 7, 2018. The Company paid \$641,263 from gross paid in contributed surplus and \$45,705,979 from unassigned funds related to this distribution. The Company paid \$50,000,000 as an extraordinary dividend to its parent on December 18, 2017, comprised of \$9,842,562 paid from gross paid in and contributed surplus and \$40,157,437 paid from unassigned funds. The Ohio Department approved this distribution on December 4, 2017. The Company paid

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Aetna Better Health Inc. (an Ohio corporation)

\$26,815,222 as an extraordinary dividend to its parent on June 30, 2017 paid from gross paid in and contributed surplus. The Company paid \$13,184,778 as an ordinary dividend to its parent on June 30, 2017, paid from unassigned funds. The Ohio Department approved these distributions on May 10, 2017.

The Company did not receive any capital contributions for 2018 or 2017.

D. Amounts due to and due from affiliates shown in the accompanying Statutory Statements of Assets and Liabilities, Capital and Surplus and Other Funds include the Company's net receipts and disbursements processed by affiliates and transactions related to its administrative services agreement with Aetna Health Management, LLC ("AHM"), indirectly a wholly-owned subsidiary of Aetna.

At December 31, 2018 and 2017, the Company had the following amounts due to and due from affiliates, which exclude amounts related to pharmacy rebate transactions as discussed more fully in Note 28 and the Company's reinsurance agreement:

	December 31	
	2018	2017
Amounts due to affiliates		
Aetna Inc.	\$14,509,372	\$15,064,566
Aetna Life Insurance Company	6,537	15,073
Aetna Medicaid Administrators, LLC	-	16,501,810
	<u>\$14,515,909</u>	<u>\$31,581,449</u>
Amounts due from affiliates		
Aetna Health Management, LLC	\$27,765	\$3,594
Aetna Medicaid Administrators	2,047,030	-
	<u>\$2,074,795</u>	<u>\$3,594</u>

The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter.

E. The Company does not have any guarantees or undertakings, written or otherwise at December 31, 2018.

F. As of and for the years ended December 31, 2018 and 2017, the Company had the following significant transactions with affiliates:

The Company and Aetna Medicaid Administrators, LLC ("AMA") are parties to an administrative services agreement, under which AMA provides certain administrative services, including accounting and processing of premiums and claims. Under this agreement, the Company will remit a percentage of its earned premium revenue, as applicable, to AMA as a fee. For these services, the Company was charged \$72,755,743 and \$76,927,430 in 2018 and 2017, respectively. This agreement also provides for interest on all intercompany balances. There was no interest earned (incurred) on amounts due from (to) affiliates in 2018 and 2017.

The Company, AMA and AHM entered into a plan joinder agreement effective February 1, 2014. Under this agreement, AHM has contracted with Caremark PCS Health, LLC. ("Caremark") to deliver pharmacy benefit management services to the Company. The Company will make payments to AMA in accordance with the administrative services agreement.

As explained in Note 1, the Company participates in a tax sharing agreement with Aetna and Aetna's other subsidiaries. All federal income tax receivables/payables are due from/due to Aetna.

G. All outstanding shares of the Company are owned by Aetna Health Holdings, LLC, whose ultimate parent is CVS Health.

H. At December 31, 2018, the Company did not own shares of any upstream intermediate of CVS Health.

I. At December 31, 2018, the Company did not hold any investments in any subsidiary, controlled or affiliated ("SCA") entity that exceeded 10% of the Company's admitted assets.

J. At December 31, 2018, the Company did not hold any investments in any impaired SCA entity.

K. At December 31, 2018, the Company did not hold any investments in any foreign insurance subsidiaries.

L. At December 31, 2018, the Company did not hold any investments in a downstream noninsurance holding company.

M. At December 31, 2018, the Company did not have any SCA investments.

- N. At December 31, 2018, the Company did not have any investments in an insurance SCA.
- O. The Company did not have any SCA investments where the Company's share of losses in the SCA exceeds its investment in the SCA.

11. Debt

- A. The Company did not have any items related to debt, including capital notes at December 31, 2018.
- B. The Company did not have any Federal Home Loan Bank agreements at December 31, 2018.

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

The Company did not have a retirement plan, deferred compensation plan, or other postretirement benefit plan at December 31, 2018 or 2017.

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

(1) The Company had 1000 shares of preferred stock with a par value of \$0.01 authorized and 100 shares issued and outstanding at December 31, 2018 and 2017.

(2) The Company had no shares of preferred stock issued and outstanding at December 31, 2018 and 2017.

(3) Dividend Restrictions

Pursuant to Ohio statute, the Company shall not pay any extraordinary dividend unless the Company has notified the superintendent on a form provided by the superintendent at least 30 days prior thereto or such shorter period as the superintendent may permit and the superintendent has not disapproved it within such period. An extraordinary dividend is any dividend or other distribution which, together with other dividends and distributions made within the preceding 12 months, exceeds the greater of: ten percent of such insurer's surplus as regards policyholders as of the next preceding December 31; or the net income of such insurer for the period covered by such statement, but shall not include pro rata distributions of any class of the insurer's own securities. The Company may not make a non-extraordinary dividend without prior notification to the Insurance Department within five business days following the declaration thereto and at least ten days, commencing from the date of receipt by the superintendent, prior to the payment thereof. Ordinary dividends are ultimately limited to earned surplus.

- (4) The Company paid dividends in the amount of \$46,347,242 and \$90,000,000 to its parent in 2018 and 2017.
- (5) At December 31, 2018 and 2017, the portion of the Company's profits that may be paid as ordinary dividends to stockholders was \$73,788,986 and \$10,190,316, respectively.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus was being held at December 31, 2018 or 2017, except as noted in Note 21.
- (7) Not applicable to the Company.
- (8) The Company did not hold any stock for any special purposes at December 31, 2018 or 2017.
- (9) Changes in the balances of special surplus funds from the prior year are due to the accrual of estimated ACA health insurer fees reclassified from unassigned funds or surplus to aggregate write-ins for special surplus funds as discussed more fully in Note 1.C and Note 22.
- (10) At December 31, 2018 and 2017, there was no portion of unassigned funds that was represented or reduced by unrealized gains and losses.
- (11) The Company has not issued any surplus notes or debentures or similar obligations at December 31, 2018 or 2017.
- (12) The Company did not participate in any quasi-reorganizations during the statement year.
- (13) The Company did not participate in any quasi-reorganizations in the past 10 years.

14. Liabilities, Contingencies and Assessments

- A. The Company did not have any contingent commitments at December 31, 2018 or 2017.
- B. The Company did not have any contingent assessments at December 31, 2018 or 2017.
- C. The Company did not have any gain contingencies at December 31, 2018 or 2017.

- D. The Company did not have any claims related extra contractual obligation and bad faith losses stemming from lawsuits at December 31, 2018 or 2017.
- E. The Company did not have any joint and several liability arrangements at December 31, 2018 or 2017.
- F. Various liabilities arise in the normal course of the Company's business and have been recorded. In the opinion of management, any ultimate contingent losses will not have a material adverse effect on the Company's future results of operations and financial position. The Company, to the best of its knowledge, has no assets that it considers impaired that are not already recorded in the Company's books.

The Company has coverage for certain litigation exposures (\$10,000,000 per claim and in the aggregate including defense costs) through an unaffiliated insurance company.

15. Leases

The Company did not have any material lease obligations at December 31, 2018 or 2017.

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

The Company did not have any financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk at December 31, 2018 or 2017.

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

A. Transfers of Receivables Reported as Sales

- (1) The Company did not have any transfers of receivables as sales for the years ending December 31, 2018 and 2017.

B. Transfer and Servicing of Financial Assets

- (1) The Company's policy for requiring collateral or other security for security lending transactions as required in SSAP No. 103R is discussed in Note 1. Excludes repurchase and reverse repurchase transactions as discussed in Notes 5.F. through 5.I. The Company did not have any loaned securities at December 31, 2018 and 2017.

- (2) and (3)

The Company did not have any servicing assets or liabilities at December 31, 2018 or 2017.

- (4) The Company did not have any securitized financial assets at December 31, 2018 or 2017.
- (5) The Company did not have any transfers of financial assets accounted for as secured borrowing at December 31, 2018 or 2017.
- (6) The Company did not have any transfers of receivables with recourse at December 31, 2018 or 2017.
- (7) The Company did not have any dollar repurchase or reverse repurchase agreements at December 31, 2018 or 2017.

C. Wash Sales

- (1) In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date to enhance the Company's yield on its investment portfolio.
- (2) The Company had no securities sold during the year for the year ended December 31, 2018 and reacquired within 30 days of the sale date.

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

- A. The Company did not serve as an Administrative Services Only for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2018.
- B. The Company did not serve as an Administrative Services Contract (ASC) plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2018.
- C. The Company reports items related to its Medicare product offerings due from (to) the CMS as amounts relating to uninsured plans or liability for amounts held under uninsured plans on the Statutory Statement of Liabilities, Capital and Surplus as per SSAP No. 47 - *Uninsured Plans*. The Company had reinsurance payment and low income subsidy (cost sharing portion) receivables of \$17,117,406 and \$21,344,064 in 2018 and 2017, respectively.

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

The Company did not have any material direct premiums written/produced by managing general agents or third party administrators for the years ended December 31, 2018 and 2017.

20. Fair Value Measurements**A. and B.**

Certain of the Company's financial instruments are measured at fair value in the financial statements. The fair values of these instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy established by U.S. generally accepted accounting principles. The following are the levels of the hierarchy and a brief description of the type of valuation information ("inputs") that qualifies a financial asset or liability for each level:

- **Level 1** – Unadjusted quoted prices for identical assets or liabilities in active markets.
- **Level 2** – Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets.
- **Level 3** – Developed from unobservable data, reflecting the Company's own assumptions.

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

C. The carrying values and estimated fair values of the Company's financial instruments at December 31, 2018 and 2017 were as follows:

December 31, 2018

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)
Bonds, Short Term, and Cash Equivalents	\$215,504,156	\$214,350,344	\$21,589,271	\$193,914,885	—	—
Mortgage loans	6,988,171	7,026,440	—	—	\$6,988,171	—
Total	\$222,492,327	\$221,376,784	\$21,589,271	\$193,914,885	\$6,988,171	—

December 31, 2017

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)
Bonds, Short Term, and Cash Equivalents	\$229,488,162	\$226,818,619	\$15,054,673	\$214,433,489	—	—
Mortgage loans	7,778,362	7,820,816	—	—	\$7,778,362	—
Total	\$237,266,524	\$234,639,435	\$15,054,673	\$214,433,489	\$7,778,362	—

The valuation methods and assumptions used by the Company in estimating the fair value of debt securities are discussed in Note 1.

There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during 2018 or 2017. There were no transfers between the Company's Level 1 or 2 financial assets during 2018 or 2017.

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

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

21. Other Items**A. Unusual or Infrequent Items**

The Company did not have any unusual or infrequent items for the years ended December 31, 2018 and 2017.

B. Troubled Debt Restructuring

The Company did not have any troubled debt restructuring in the years ended December 31, 2018 and 2017.

C. Other Disclosures

(1) Minimum Capital and Surplus

Pursuant to the laws of Ohio, the Company is required to maintain admitted assets equal to 110% of the Company's liabilities with a minimum net worth equal to \$1,700,000.

The NAIC and the State of Ohio adopted risk-based capital ("RBC") standards for health organizations, including HMOs, that are designed to identify weakly capitalized companies by comparing each company's adjusted capital and surplus to its required capital and surplus (the "RBC Ratio"). The RBC Ratio is designed to reflect the risk profile of the company. Within certain ratio ranges, regulators have increasing authority to take action as the RBC Ratio decreases. There are four levels of regulatory action, ranging from requiring insurers to submit a comprehensive plan to the state insurance commissioner to requiring the state insurance commissioner to place the insurer under regulatory control. At December 31, 2018 and 2017, the Company had capital and surplus that exceeded the highest threshold specified by the RBC rules.

(2) Health Care Reform

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (collectively, "Health Care Reform" or the "ACA"), has made broad-based changes to the U.S. health care system. If the ACA is not further amended, repealed or replaced, certain of its components will continue to be phased in until 2022. While the Company anticipates continued efforts in 2019 and beyond to invalidate, modify, repeal or replace Health Care Reform, the Company expects aspects of Health Care Reform to continue to significantly impact the Company's business operations and financial results, including pricing, medical benefit ratios ("MBRs") and the geographies in which the Company's products are available.

While most of the significant aspects of Health Care Reform became effective during or prior to 2014, parts of Health Care Reform continue to evolve through the promulgation of executive orders, regulations and guidance as well as ongoing litigation. Additional changes to Health Care Reform and those regulations and guidance at the federal and/or state level are likely, and those changes are likely to be significant. Growing state and federal budgetary pressures make it more likely that any changes, including changes at the state level in response to changes to, or invalidation, repeal or replacement of, Health Care Reform and/or changes in the funding levels and/or payment mechanisms of federally supported benefit programs, will be adverse to us. For example, if any elements of Health Care Reform are invalidated or repealed at the federal level, the Company expects that some states would seek to enact similar requirements, such as prohibiting pre-existing condition exclusions, prohibiting rescission of insurance coverage, requiring coverage for dependents up to age 26, requiring guaranteed renewability of insurance coverage and prohibiting lifetime limits on insurance coverage.

Potential repeal of Health Care Reform, ongoing legislative, regulatory and administrative policy changes to Health Care Reform, the results of congressional and state level elections, the December 2018 U.S. District Court decision invalidating Health Care Reform and other pending litigation challenging aspects of the law or funding for the law and federal budget negotiations continue to create uncertainty about the ultimate impact of Health Care Reform. The pending litigation challenging Health Care Reform includes challenges by various states of the federal government's decision to curtail payments related to the Cost-Sharing Subsidy Program. The time frame for conclusion and final outcome and ultimate impact of this litigation are uncertain. Given the inherent difficulty of foreseeing the nature and scope of future changes to Health Care Reform and how states, businesses and individuals will respond to those changes, the Company cannot predict the impact on it of future changes to Health Care Reform. It is reasonably possible that invalidation, repeal or replacement of or other changes to Health Care Reform and/or states' responses to such changes, in the aggregate, could have a significant adverse effect on the Company's businesses, financial results and cash flows.

(3) Medicaid

The Company's Medicaid, dual eligible and dual eligible special needs plan products also are heavily regulated by CMS and state Medicaid agencies, which have the right to audit the Company's performance to determine compliance with CMS contracts and regulations. The Company's Medicaid products, dual eligible products and Children's Health Insurance Program ("CHIP") contracts also are subject to complex federal and state regulations and oversight by state Medicaid agencies regarding the services the Company provides to Medicaid enrollees, payment for those services, network requirements (including mandatory inclusion of specified high-cost providers), and other aspects of these programs, and by external review organizations which audit Medicaid plans on behalf of the state Medicaid agencies. The laws, regulations and contractual requirements applicable to the Company and other participants in Medicaid and dual eligible programs, including requirements that the Company submit encounter data to the applicable state agency, are extensive, complex and subject to change. The Company has invested significant resources to comply with these standards, and its Medicaid and dual

eligible program compliance efforts will continue to require significant resources. CMS and/or state Medicaid agencies may fine the Company, withhold payments to the Company, seek premium and other refunds, terminate the Company's existing contracts, elect not to award the Company new contracts or not to renew the Company's existing contracts, prohibit the Company from continuing to market and/or enroll members in or refuse to automatically assign members to one or more of the Company's Medicaid or dual eligible products, exclude the Company from participating in one or more Medicaid or dual eligible programs and/or institute other sanctions and/or civil monetary penalties against the Company if it fails to comply with CMS or state regulations or the Company's contractual requirements. The Company cannot predict whether pending or future federal or state legislation or court proceedings will change various aspects of the Medicaid program, nor can it predict the impact those changes will have on its business operations or financial results, but the effects could be materially adverse.

Effective June 1, 2014, the Company began administering a health plan for individuals who qualify for both Medicare and Medicaid coverage. This is known as "dual recipients." The Company's Medicare-Medicaid Plan ("MMP") under the Duals Demonstration Program administered by CMS in partnership with the State of Ohio. The regulations and contractual requirements applicable to the Company and other participants in the Dual Demonstration program are complex, expensive to comply with and subject to change. The Company has invested significant resources to comply with Demonstration standards, and the Company's MMP compliance efforts will continue to require significant resources. CMS and/or the State of Ohio may seek premium refunds, prohibit the Company from continuing to market and/or enroll members in one or more of the Company's Medicare Advantage or Standalone plans, exclude the Company from participating in one or more Medicare programs and/or institute other sanctions against the Company if the Company fails to comply with CMS regulations or the Company's Medicare-Medicaid Demonstration contractual requirements.

- D. The Company did not have any business interruption insurance recoveries for the years ending December 31, 2018 or 2017.
- E. The Company did not have any transferable and non-transferable state tax credits for the years ending December 31, 2018 or 2017.
- F. The Company did not have any subprime mortgage related risk exposures at December 31, 2018 or 2017.
- G. The Company did not have any retained assets at December 31, 2018 or 2017.
- H. The Company did not have any insurance-linked securities ("ILS") contracts at December 31, 2018 or 2017.

22. Events Subsequent

A. Type I - Recognized Subsequent Events

Subsequent events have been considered through February 27, 2019 for the statutory statement issued on March 1, 2019.

The Company had no known reportable recognized subsequent events.

B. Type II - Nonrecognized Subsequent Events

Subsequent events have been considered through February 27, 2019 for the statutory statement issued on March 1, 2019.

As discussed in Note 1, in January 2018, the HIF was suspended for 2019. As a result, there is no annual health insurance industry fee payable on September 30, 2019 and there are no amounts reflected in the Company's aggregate write-ins for special surplus funds related to this payable at December 31, 2018 as a result. There is also no resulting impact to the Company's RBC to assess as of December 31, 2018 as a result of this suspension.

As of December 31, 2017, the Company estimated its portion of the annual health industry fee that was payable on October 1, 2018 to be \$7,817,000. This was estimated based on premiums written subject to the ACA assessment of \$934,230,320. During 2018, the Company paid \$7,811,038 to the federal government for its portion of the health insurer fee due on October 1, 2018.

In January 2018, the annual fee was suspended for 2019.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Aetna Better Health Inc. (an Ohio corporation)

Type II - Nonrecognized Subsequent Events:	Current Year	Prior Year
A Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	YES	
B ACA fee assessment payable for the upcoming year	—	\$7,817,000
C ACA fee assessment paid	\$7,811,038	—
D Premium written subject to ACA 9010 assessment	—	\$934,230,320
E Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$189,489,939	\$134,349,532
F Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$189,489,939	\$126,532,532
G Authorized Control Level (Five-Year Historical Line 15)	\$29,992,776	\$29,524,137
H Would reporting the ACA assessment as of Dec. 31, 2016 have triggered an RBC action level (YES/NO)?	NO	

23. Reinsurance

The Company and Berkley Life and Health Insurance Company ("Berkley") entered into an excess loss reinsurance agreement for Medicaid only dual eligible members. Under this agreement, Berkley is liable for 90% of covered expenses in excess of the specific deductible of \$100,000 per covered member, with a maximum reimbursement of \$2,000,000 per member per agreement year. The Company paid reinsurance premiums of \$269,440 in 2018 and \$171,786 in 2017. Reinsurance premiums are recorded as net premium income in the Statutory Statements of Revenue and Expenses. In 2018 and 2017, the Company realized reinsurance recoveries of \$120,343 and \$438,177, respectively.

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
 Yes () No (X)
 If yes, give full details.

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?
 Yes () No (X)
 If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than nonpayment of premium or other similar credit?
 Yes () No (X)

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate.
 \$ N/A.

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement?
 \$ N/A.

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?
 Yes () No (X)
 If yes, give full details.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Aetna Better Health Inc. (an Ohio corporation)

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the insurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.

\$ N/A

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

If yes, what is the amount of reinsurance credit, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$ N/A

B. The Company did not have uncollectible reinsurance at December 31, 2018.

C. The Company did not have any commutation of ceded reinsurance at December 31, 2018.

D. The Company's certified reinsurer's rating has not been downgraded or its status subject to revocation at December 31, 2018.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. and B.

The Company did not have any retrospectively rated contracts in 2018 or 2017.

C. Contracts Subject to Retrospective Rating Features

The Company did not have any contracts subject to retrospective rating features in 2018 or 2017.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

The Company did not have any medical loss ratios required pursuant to the Public Health Service Act in 2018 or 2017.

E. Risk Sharing Provisions of the Affordable Care Act (ACA)

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

(2) through (5): Not applicable.

25. Change in Incurred Claims and Claims Adjustment Expense

The following table shows the components of the change in claims unpaid, unpaid claims adjustment expense and aggregate health claim reserves for the years ended December 31, 2018 and 2017.

	2018	2017
Balance, January 1	\$113,034,085	\$115,220,479
Health care receivable	<u>(10,721,198)</u>	<u>(4,807,021)</u>
Balance, January 1, net of health care receivable	102,312,887	110,413,458
Incurred related to:		
Current year	780,787,950	804,705,355
Prior years	<u>(17,815,712)</u>	<u>(28,698,706)</u>
Total incurred	762,972,238	776,006,649
Paid related to:		
Current year	680,497,572	703,688,201
Prior years	<u>93,640,016</u>	<u>80,419,019</u>
Total paid	774,137,588	784,107,220
Balance, December 31, net of health care receivable	91,147,537	102,312,887
Health care receivable	<u>17,810,698</u>	<u>10,721,198</u>
Balance, December 31	<u>\$108,958,235</u>	<u>\$113,034,085</u>

In 2018, reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years decreased by \$17,815,712 from \$113,034,085 in 2017 to \$95,218,373 in 2018. In 2017, reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years decreased by \$28,698,706 from \$115,220,479 in 2016 to \$86,521,773 in 2017. The lower than anticipated health care cost trend rates observed in 2018 and 2017 for claims incurred in 2017 and 2016, respectively, were due to moderating outpatient and physician trends and faster than expected claim payment speed. The Company considers historical trend rates together with knowledge of recent events that may impact current trends when developing estimates of current trend rates. Original estimates are increased or decreased as additional information becomes known regarding individual claims. Historical health care cost trend rates are not necessarily representative of current trends.

Net coordination of benefits are implicit in the claims incurred but not reported calculation and could not be specifically identified.

26. Intercompany Pooling Arrangements

The Company did not have any intercompany pooling arrangements at December 31, 2018 or 2017.

27. Structured Settlements

Not applicable to health entities.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

The Company receives pharmaceutical rebates through an agreement with AHM. AHM has contractual agreements with pharmaceutical companies for rebates, which cover the Company's membership as well as the membership of other Aetna affiliates. The Company receives those rebates from AHM that relate to the Company's membership. The Company estimates pharmaceutical rebate receivables based upon the historical payment trends, actual utilization and other variables. Actual rebates collected are applied to the collection periods below, using a first in first out methodology. At December 31, 2018 and 2017, the Company had pharmaceutical rebate receivables of \$7,735,943 and \$1,548,485, respectively (refer to the Company's accounting practices related to pharmaceutical rebate receivables in Note 1).

The following table discloses the quarterly revenue and subsequent cash collections relating to the pharmaceutical rebates discussed in Note 10.

Date	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2018	\$8,294,424	—	—	—	—
09/30/2018	\$7,549,804	\$7,885,731	\$7,885,731	—	—
06/30/2018	\$7,941,465	\$7,773,296	\$7,773,296	—	—
03/31/2018	\$7,238,154	\$7,710,733	\$7,728,960	(\$18,227)	—
12/31/2017	\$4,477,756	\$4,614,982	\$4,477,756	—	\$137,226
09/30/2017	\$5,039,175	\$4,063,747	\$5,039,175	—	(\$416,947)
06/30/2017	\$3,843,679	\$4,199,550	\$3,843,679	—	\$355,872
03/31/2017	\$4,661,279	\$3,689,769	\$4,661,279	—	(\$971,511)
12/31/2016	\$4,059,477	\$4,253,274	\$4,360,378	—	(\$107,104)
09/30/2016	\$3,150,149	\$4,235,137	\$4,280,006	(\$183)	(\$44,686)
06/30/2016	\$2,988,555	\$3,952,744	\$4,035,231	(\$1,280)	(\$81,207)
03/31/2016	\$2,120,825	\$3,569,506	\$3,739,151	(\$4,614)	(\$165,031)

B. Risk sharing receivables

The Company did not have any admitted risk sharing receivables at December 31, 2018 or 2017.

29. Participating Policies

The Company did not have any participating policies at December 31, 2018 or 2017.

30. Premium Deficiency Reserves

December 31, 2018

1. Liability carried for premium deficiency reserves	\$0
2. Date of the most recent evaluation of this liability	12/31/2018
3. Was anticipated investment income utilized in the calculation?	NO

31. Anticipated Salvage and Subrogation

See discussion of hospital and medical costs and claims adjustment expenses and related reserves in Note 1.