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## AMENDED FILING EXPLANATION

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This page is required to be updated/completed any time an amended filing is created.



# ANNUAL STATEMENT

For the Year Ended December 31, 2019

of the Condition and Affairs of the

## Cigna National Health Insurance Company

NAIC Group Code.....901  
(Current Period) (Prior Period)

NAIC Company Code..... 61727

Employer's ID Number..... 34-0970995

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as Business Type:

Life, Accident & Health

Incorporated/Organized..... July 2, 1963

Commenced Business..... May 12, 1965

Statutory Home Office

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

Main Administrative Office

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

512-451-2224

(Area Code) (Telephone Number)

Mail Address

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

Primary Location of Books and Records

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

512-451-2224

(Area Code) (Telephone Number)

Internet Web Site Address

www.CignaSupplementalBenefits.com

Statutory Statement Contact

Renee Wilkins Feldman  
(Name)  
CSBFinRpt@cigna.com  
(E-Mail Address)

(512) 531-1465

(Area Code) (Telephone Number) (Extension)

512-467-1399

(Fax Number)

### OFFICERS

**Name**  
1. Stephen Burnett Jones  
3. Anna Krishtul

**Title**  
President  
Secretary

**Name**  
2. Byron Keith Buescher  
4. Mohammed Umar Gilani #

**Title**  
Treasurer and Chief Accounting Officer  
Appointed Actuary

Gregory John Czar

Executive Vice President and Chief  
Financial Officer

Timothy Andrew Bulat

Vice President and Chief Actuary

David Lawrence Chambers

Vice President-Sales and Marketing

Mark Fleming

Vice President and Assistant Treasurer

Joanne Ruth Hart

Vice President and Assistant Treasurer

Scott Ronald Lambert

Vice President and Assistant Treasurer

Ryan Bruce McGroarty

Vice President

Kathleen Murphy O'Neil

Vice President

Maureen Hardiman Ryan

Vice President and Assistant Treasurer

### DIRECTORS OR TRUSTEES

Gregory John Czar  
Frank Sataline Jr.

Brian Case Evanko  
James Yablecki

Stephen Burnett Jones

Ryan Bruce McGroarty

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

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

(Signature)  
Stephen Burnett Jones  
1. (Printed Name)  
President  
(Title)

(Signature)  
Byron Keith Buescher  
2. (Printed Name)  
Treasurer and Chief Accounting Officer  
(Title)

(Signature)  
Anna Krishtul  
3. (Printed Name)  
Secretary  
(Title)

Subscribed and sworn to before me  
This \_\_\_\_\_ day of February 2020

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

Yes [X] No [ ]

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