

**Filing amendment to include dates in columns 6-9 of Schedule L360 MEDSUP - Medicare Supplement Insurance Experience Exhibit.**



LIFE, AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

## ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020  
OF THE CONDITION AND AFFAIRS OF THE

### Cigna National Health Insurance Company

NAIC Group Code 0901 0901 NAIC Company Code 61727 Employer's ID Number 34-0970995  
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: Life, Accident and Health [ X ] Fraternal Benefit Societies [ ]

Incorporated/Organized 07/02/1963 Commenced Business 05/12/1965

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  
(Street and Number) Austin, TX, US 78717, 512-451-2224  
(City or Town, State, Country and Zip Code) (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  
(Street and Number) Austin, TX, US 78717, 512-451-2224  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.CignaSupplementalBenefits.com

Statutory Statement Contact Renee Wilkins Feldman, 512-531-1465  
(Name) CSBFinRpt@cigna.com, 512-467-1399  
(E-mail Address) (Area Code) (Telephone Number) (FAX Number)

#### OFFICERS

President	<u>Stephen Burnett Jones</u>	Appointed Actuary	<u>Mohammed Umar Gilani</u>
Treasurer and Chief Accounting Officer	<u>Byron Keith Buescher</u>	Secretary	<u>Jill Mary Stadelman #</u>

#### OTHER

Tyler Michael Lester #, Executive Vice President and Chief Financial Officer	<u>David Lawrence Chambers, Vice President Sales and Marketing</u>	<u>Mark Fleming, Vice President and Assistant Treasurer</u>
Joanne Ruth Hart, Vice President and Assistant Treasurer	<u>Scott Ronald Lambert, Vice President and Assistant Treasurer</u>	<u>Ryan Bruce McGroarty, Vice President</u>
Kathleen Murphy O'Neil, Vice President	<u>Drew Jerome Reynolds #, Vice President and Assistant Treasurer</u>	

#### DIRECTORS OR TRUSTEES

Tyler Michael Lester #	<u>Brian Case Evanko</u>	<u>Stephen Burnett Jones</u>
Ryan Bruce McGroarty	<u>Frank Sataline Jr.</u>	<u>James Yablecki</u>

State of Texas SS: \_\_\_\_\_  
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.

\_\_\_\_\_  
Stephen Burnett Jones  
President

\_\_\_\_\_  
Byron Keith Buescher  
Treasurer and Chief Accounting Officer

\_\_\_\_\_  
Jill Mary Stadelman  
Secretary

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

a. Is this an original filing? ..... Yes [ ] No [ X ]  
b. If no,  
1. State the amendment number.....1  
2. Date filed .....08/13/2021  
3. Number of pages attached.....1