

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 Code09010901NAIC Company Code61727Employer's ID Number34-0970995
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

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

Incorporated/Organized07/02/1963Commenced Business05/12/1965

Statutory Home Office1300 East Ninth StreetCleveland, OH, US 44114
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office11200 Lakeline Blvd Ste 100Austin, TX, US 78717512-451-2224
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address11200 Lakeline Blvd Ste 100Austin, TX, US 78717
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records11200 Lakeline Blvd Ste 100Austin, TX, US 78717512-451-2224
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.CignaSupplementalBenefits.com

Statutory Statement ContactRenee Wilkins Feldman512-531-1465
(Name)(Area Code) (Telephone Number)
CSBFinRpt@cigna.com512-467-1399
(E-mail Address)(FAX Number)

OFFICERS

PresidentStephen Burnett JonesAppointed ActuaryMohammed Umar Gilani

Treasurer and Chief Accounting OfficerByron Keith BuescherSecretaryJill Mary Stadelman #

OTHER

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

DIRECTORS OR TRUSTEES

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

State ofTexasSS:

County ofWilliamson

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 filed08/13/2021
3. Number of pages attached..... 1



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Alabama.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
YES.....	3MJ.....	J.....	NO.....	0034000.....	02/09/2007.....	07/24/2009.....			MEDICARE SUPPLEMENT.....	4,358.....	1,513.....	34.7.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MJ.....	J.....	NO.....	0034000.....	02/09/2007.....	07/24/2009.....			MEDICARE SUPPLEMENT.....	4,190.....	229.....	5.5.....	1.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										8,548.....	1,742.....	20.4.....	2.....	0.....	0.....	0.0.....	0.....
												0.0.....				0.0.....	
0299999. Total Experience on Group Policies										0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Alaska.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Arizona.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	31F(AZ).....	F.....	NO.....	0034000.....	12/05/2005.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	2,640.....	168.....	6.4.....	0.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										2,640.....	168.....	6.4.....	0.....	0.....	0.....	0.0.....	0.....
												0.0.....				0.0.....	
0299999. Total Experience on Group Policies										0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Arkansas.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit M. Umar Gilani
Title Actuarial Director Telephone Number 512-807-4966

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	31F(AR)	F	NO	0034000	01/12/2004			05/31/2010	MEDICARE SUPPLEMENT	3,881	1,220	31.4	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										3,881	1,220	31.4	1	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF California.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Colorado.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3MK(CO).....	F.....	NO.....	0034060.....	03/08/2004.....			05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	3.....	(76).....	(2,533.3).....	0.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										3.....	(76).....	(2,533.3).....	0.....	0.....	0.....	0.0.....	0.....
												0.0.....				0.0.....	
0299999. Total Experience on Group Policies										0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Connecticut
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Delaware.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF District of Columbia.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Florida.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Georgia.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
YES.....	31F(GA).....	F.....	NO.....	0034000	12/31/2003			05/31/2010	MEDICARE SUPPLEMENT	3,319	2,486	74.9	1	0	0	0.0	0
YES.....	31G(GA).....	G.....	NO.....	0034000	12/31/2003	07/24/2009			MEDICARE SUPPLEMENT	2,764	3,577	129.4	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										6,083	6,063	99.7	2	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Hawaii.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".

360 ID



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Idaho.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Illinois.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MD(IL)	D	NO	0034060	11/18/2003	07/25/2009			MEDICARE SUPPLEMENT	9,572	8,383	87.6	1	0	0	0.0	0
YES	3ME(IL)	E	NO	0034060	11/04/2005	07/25/2009			MEDICARE SUPPLEMENT	4,893	(20)	(0.4)	1	0	0	0.0	0
YES	3MF(IL)	F	NO	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT	37,876	22,767	60.1	5	0	0	0.0	0
YES	3MF(IL)	F	NO	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT	58,611	26,967	46.0	8	0	0	0.0	0
YES	3MF(IL)	F	NO	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT	15,789	10,021	63.5	2	0	0	0.0	0
YES	3MG(IL)	G	NO	0034060	11/18/2003	07/25/2009			MEDICARE SUPPLEMENT	0	29	0.0	0	0	0	0.0	0
YES	3MH(IL)	H	NO	0034060	09/21/2007	07/25/2009			MEDICARE SUPPLEMENT	6,747	9,780	145.0	1	0	0	0.0	0
YES	3MI(IL)	I	NO	0034060	08/11/2006	07/25/2009			MEDICARE SUPPLEMENT	8,768	9,679	110.4	2	0	0	0.0	0
YES	3MI(IL)	I	NO	0034060	08/11/2006	07/25/2009			MEDICARE SUPPLEMENT	4,812	802	16.7	1	0	0	0.0	0
YES	3MJ(IL)	J	NO	0034060	09/21/2007	07/25/2009			MEDICARE SUPPLEMENT	22,618	12,754	56.4	5	0	0	0.0	0
YES	3MK(IL)	F	NO	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT – HIGH DEDUCTIBLE	1,111	(6)	(0.5)	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										170,797	101,156	59.2	27	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Indiana.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3ME	E	NO	0034000	11/01/2005	07/29/2009			MEDICARE SUPPLEMENT	3,478	1,919	55.2	1	0	0	0.0	0
YES	3ME	E	NO	0034000	11/01/2005	07/29/2009			MEDICARE SUPPLEMENT	3,545	3,047	86.0	1	0	0	0.0	0
YES	3MF	F	NO	0034000	12/22/2003			05/31/2010	MEDICARE SUPPLEMENT	18,157	1,559	8.6	3	0	0	0.0	0
YES	3MF	F	NO	0034000	12/22/2003			05/31/2010	MEDICARE SUPPLEMENT	5,032	14,029	278.8	1	0	0	0.0	0
YES	3MF	F	NO	0034000	12/22/2003			05/31/2010	MEDICARE SUPPLEMENT	5,144	685	13.3	1	0	0	0.0	0
YES	3MG	G	NO	0034000	12/22/2003	07/29/2009			MEDICARE SUPPLEMENT	9,945	5,423	54.5	2	0	0	0.0	0
YES	3MG	G	NO	0034000	12/22/2003	07/29/2009			MEDICARE SUPPLEMENT	21,336	17,866	83.7	4	0	0	0.0	0
YES	3MH (IN)	H	NO	0034000	04/11/2007	07/29/2009			MEDICARE SUPPLEMENT	2,061	2,057	99.8	0	0	0	0.0	0
YES	3MH (IN)	H	NO	0034000	04/11/2007	07/29/2009			MEDICARE SUPPLEMENT	18	1,337	7,427.8	0	0	0	0.0	0
YES	3MI (IN)	I	NO	0034000	12/05/2006	07/29/2009			MEDICARE SUPPLEMENT	4,010	126	3.1	1	0	0	0.0	0
YES	3MJ (IN)	J	NO	0034000	04/11/2007	07/29/2009			MEDICARE SUPPLEMENT	4,537	385	8.5	1	0	0	0.0	0
YES	3MJ (IN)	J	NO	0034000	04/11/2007	07/29/2009			MEDICARE SUPPLEMENT	15,634	5,658	36.2	3	0	0	0.0	0
YES	3MJ (IN)	J	NO	0034000	04/11/2007	07/29/2009			MEDICARE SUPPLEMENT	3,946	1,012	25.6	1	0	0	0.0	0
									MEDICARE SUPPLEMENT -								
YES	3MK	F	NO	0034000	12/22/2003			05/31/2010	HIGH DEDUCTIBLE	1,732	(16)	(0.9)	2	0	0	0.0	0
									MEDICARE SUPPLEMENT -								
YES	3MK	F	NO	0034000	12/22/2003			05/31/2010	HIGH DEDUCTIBLE	997	234	23.5	1	0	0	0.0	0
YES	CNHIC-MS-AA-A	A	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F	F	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	34,212	20,934	61.2	65
YES	CNHIC-MS-AA-F	F	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G	G	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	251,367	151,910	60.4	689
YES	CNHIC-MS-AA-G	G	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N	N	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	30,077	15,768	52.4	103
YES	CNHIC-MS-AA-N	N	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										99,572	55,321	55.6	22	315,656	188,612	59.8	857
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Iowa.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit M. Umar Gilani
Title Actuarial Director Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3MF (IA)	F.....	NO.....	0034000	01/27/2004			05/31/2010	MEDICARE SUPPLEMENT	32,156	25,268	78.6	6	0	0	0.0	0
YES.....	3MG (IA)	G.....	NO.....	0034000	01/27/2004	07/25/2009			MEDICARE SUPPLEMENT	22,066	4,333	19.6	6	0	0	0.0	0
YES.....	3MJ (IA)	J.....	NO.....	0034000	02/16/2007	07/25/2009			MEDICARE SUPPLEMENT	3,332	355	10.7	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										57,554	29,956	52.0	13	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Kansas.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3MF(KS)	F	NO	0034060	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT	4,862	261	5.4	1	0	0	0.0	0
YES	3MF(KS)	F	NO	0034060	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT	15,276	3,824	25.0	3	0	0	0.0	0
YES	3MF(KS)	F	NO	0034060	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT	15,604	8,636	55.3	3	0	0	0.0	0
YES	3MG(KS)	G	NO	0034060	02/04/2004	07/25/2009			MEDICARE SUPPLEMENT	12,699	2,094	16.5	3	0	0	0.0	0
YES	3MH(KS)	H	NO	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	7,085	136	1.9	2	0	0	0.0	0
YES	3MH(KS)	H	NO	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	3,277	20,307	619.7	1	0	0	0.0	0
YES	3MI(KS)	I	NO	0034060	05/26/2006	07/25/2009			MEDICARE SUPPLEMENT	4,229	4,577	108.2	1	0	0	0.0	0
YES	3MI(KS)	I	NO	0034060	05/26/2006	07/25/2009			MEDICARE SUPPLEMENT	2,372	11,325	477.4	0	0	0	0.0	0
YES	3MJ(KS)	J	NO	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	46,480	22,233	47.8	12	0	0	0.0	0
YES	3MJ(KS)	J	NO	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	22,862	32,652	142.8	5	0	0	0.0	0
YES	3MK(KS)	F	NO	0034060	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT – HIGH DEDUCTIBLE	1,343	(6)	(0.4)	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										136,089	106,039	77.9	32	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Kentucky.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit M. Umar Gilani
Title Actuarial Director Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3ME (KY)	E	NO	.0034060	.11/16/2005	.07/25/2009			MEDICARE SUPPLEMENT	5,129	5,558	108.4	.1	.0	.0	0.0	.0
YES	3ME (KY)	E	NO	.0034060	.11/16/2005	.07/25/2009			MEDICARE SUPPLEMENT	(240)	(239)	99.6	.0	.0	.0	0.0	.0
YES	3MF (KY)	F	NO	.0034060	.10/30/2003			.05/31/2010	MEDICARE SUPPLEMENT	6,141	4,505	73.4	.1	.0	.0	0.0	.0
YES	3MI (KY)	I	NO	.0034060	.06/02/2006	.07/25/2009			MEDICARE SUPPLEMENT	5,246	7,772	148.2	.1	.0	.0	0.0	.0
0199999. Total Experience on Individual Policies										16,276	17,596	108.1	3	0	0	0.0	0
																0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Louisiana.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit M. Umar Gilani
Title Actuarial Director Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3MF(LA)R.....	F.....	NO.....	0034060.....	10/14/2003.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	6,042.....	987.....	16.3.....	1.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										6,042.....	987.....	16.3.....	1.....	0.....	0.....	0.0.....	0.....
												0.0.....				0.0.....	
0299999. Total Experience on Group Policies										0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Maine.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Maryland.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Massachusetts.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Michigan.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	357.....	C.....	NO.....	0034000.....	07/01/1999.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	0.....	58.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	357.....	C.....	NO.....	0034000.....	07/01/1999.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	776.....	1,912.....	246.4.....	0.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										776.....	1,970.....	253.9.....	0.....	0.....	0.....	0.0.....	0.....
												0.0.....				0.0.....	
0299999. Total Experience on Group Policies										0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Minnesota.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".

360.MS



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Mississippi.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Missouri.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	31D	D	NO	0034060	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT	1,508	6,596	437.4	0	0	0	0.0	0
YES	31F	F	NO	0034060	04/16/2004			05/31/2010	MEDICARE SUPPLEMENT	4,044	296	7.3	1	0	0	0.0	0
YES	31F	F	NO	0034060	04/16/2004			05/31/2010	MEDICARE SUPPLEMENT	13,509	8,683	64.3	3	0	0	0.0	0
YES	31F	F	NO	0034060	04/16/2004			05/31/2010	MEDICARE SUPPLEMENT	0	(268)	0.0	0	0	0	0.0	0
YES	31G	G	NO	0034060	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT	3,319	2,245	67.6	1	0	0	0.0	0
YES	31G	G	NO	0034060	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT	6,005	1,470	24.5	2	0	0	0.0	0
YES	31G	G	NO	0034060	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT	15,524	693	4.5	5	0	0	0.0	0
0199999. Total Experience on Individual Policies										43,909	19,715	44.9	12	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Montana.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3MF (MT)	F	NO	0034000	10/21/2004			05/31/2010	MEDICARE SUPPLEMENT	33,546	16,991	50.6	7	0	0	0.0	0
YES	3MF (MT)	F	NO	0034000	10/21/2004			05/31/2010	MEDICARE SUPPLEMENT	23,627	12,357	52.3	6	0	0	0.0	0
YES	3MG (MT)	G	NO	0034000	10/21/2004	07/25/2009			MEDICARE SUPPLEMENT	7,175	3,322	46.3	2	0	0	0.0	0
YES	3MG (MT)	G	NO	0034000	10/21/2004	07/25/2009			MEDICARE SUPPLEMENT	10,779	1,952	18.1	3	0	0	0.0	0
YES	3MJ (MT)	J	NO	0034000	03/30/2007	07/25/2009			MEDICARE SUPPLEMENT	7,612	1,326	17.4	2	0	0	0.0	0
YES	3MK (MT)	F	NO	0034000	10/21/2004			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,489	(13)	(0.9)	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										84,228	35,935	42.7	22	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Nebraska.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit M. Umar Gilani
Title Actuarial Director Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3MF	F	NO	0034000	11/17/2003			05/31/2010	MEDICARE SUPPLEMENT	83,939	35,591	42.4	16	0	0	0.0	0
YES	3MF	F	NO	0034000	11/17/2003			05/31/2010	MEDICARE SUPPLEMENT	34,509	28,316	82.1	6	0	0	0.0	0
YES	3MF	F	NO	0034000	11/17/2003			05/31/2010	MEDICARE SUPPLEMENT	17,834	22,249	124.8	2	0	0	0.0	0
YES	3MG	G	NO	0034000	11/17/2003	07/25/2009			MEDICARE SUPPLEMENT	13,993	8,072	57.7	3	0	0	0.0	0
YES	3MJ	J	NO	0034000	03/08/2007	07/25/2009			MEDICARE SUPPLEMENT	25,446	16,168	63.5	5	0	0	0.0	0
YES	3MJ	J	NO	0034000	03/08/2007	07/25/2009			MEDICARE SUPPLEMENT	3,889	2,476	63.7	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										179,610	112,872	62.8	33	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Nevada.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF New Hampshire.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF New Jersey.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF New Mexico.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF New York
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF North Carolina.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3MC(NC)	C	NO	0034060	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	5,517	3,187	57.8	1	0	0	0.0	0
YES	3MD(NC)	D	NO	0034000	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	3,769	3,138	83.3	1	0	0	0.0	0
YES	3MF(NC)	F	NO	0034000	06/08/2004			05/31/2010	MEDICARE SUPPLEMENT	43,038	13,765	32.0	9	0	0	0.0	0
YES	3MF(NC)	F	NO	0034000	06/08/2004			05/31/2010	MEDICARE SUPPLEMENT	48,050	29,251	60.9	10	0	0	0.0	0
YES	3MF(NC)	F	NO	0034000	06/08/2004			05/31/2010	MEDICARE SUPPLEMENT	14,755	4,112	27.9	3	0	0	0.0	0
YES	3MG(NC)	G	NO	0034000	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	28,694	7,650	26.7	7	0	0	0.0	0
YES	3MG(NC)	G	NO	0034000	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	22,354	21,161	94.7	6	0	0	0.0	0
YES	3MG(NC)	G	NO	0034000	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	3,634	5,653	155.6	0	0	0	0.0	0
YES	3MG(NC)	G	NO	0034000	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	3,844	3,723	96.9	1	0	0	0.0	0
YES	3MH(NC)	H	NO	0034000	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT	0	29	0.0	0	0	0	0.0	0
YES	3MH(NC)	H	NO	0034000	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT	27,729	18,401	66.4	7	0	0	0.0	0
YES	3MI(NC)	I	NO	0034000	04/27/2006	07/25/2009			MEDICARE SUPPLEMENT	2,805	(5)	(0.2)	0	0	0	0.0	0
YES	3MJ(NC)	J	NO	0034060	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT	67,165	13,050	19.4	15	0	0	0.0	0
YES	3MJ(NC)	J	NO	0034060	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT	31,322	6,008	19.2	7	0	0	0.0	0
YES	3MJ(NC)	J	NO	0034060	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT	13,226	15,424	116.6	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										315,902	144,547	45.8	70	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF North Dakota.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3MF (ND)	F.....	NO.....	0034000	11/25/2003			05/31/2010	MEDICARE SUPPLEMENT	16,195	4,813	29.7	3	0	0	0.0	0
YES.....	3MF (ND)	F.....	NO.....	0034000	11/25/2003			05/31/2010	MEDICARE SUPPLEMENT	23,314	18,887	81.0	4	0	0	0.0	0
YES.....	3MF (ND)	F.....	NO.....	0034000	11/25/2003			05/31/2010	MEDICARE SUPPLEMENT	4,277	4,403	102.9	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										43,786	28,103	64.2	8	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3ME (OH)	E	NO	0034000	08/08/2005	07/24/2009			MEDICARE SUPPLEMENT	6,986	1,502	21.5	2	0	0	0.0	0
YES	3MF (OH)	F	NO	0034000	12/12/2003			05/31/2010	MEDICARE SUPPLEMENT	5,491	447	8.1	0	0	0	0.0	0
YES	3MF (OH)	F	NO	0034000	12/12/2003			05/31/2010	MEDICARE SUPPLEMENT	6,401	5,085	79.4	1	0	0	0.0	0
YES	3MF (OH)	F	NO	0034000	12/12/2003			05/31/2010	MEDICARE SUPPLEMENT	(278)	144	(51.8)	0	0	0	0.0	0
YES	3MG (OH)	G	NO	0034000	12/12/2003	07/24/2009			MEDICARE SUPPLEMENT	10,660	975	9.1	2	0	0	0.0	0
YES	3MG (OH)	G	NO	0034000	12/12/2003	07/24/2009			MEDICARE SUPPLEMENT	4,777	7,632	159.8	1	0	0	0.0	0
YES	3MH (OH)	H	NO	0034000	02/01/2007	07/24/2009			MEDICARE SUPPLEMENT	6,108	3,652	59.8	0	0	0	0.0	0
YES	3MI (OH)	I	NO	0034000	05/01/2006	07/24/2009			MEDICARE SUPPLEMENT	12,213	11,042	90.4	3	0	0	0.0	0
YES	3MJ (OH)	J	NO	0034000	02/01/2007	07/24/2009			MEDICARE SUPPLEMENT	0	59	0.0	0	0	0	0.0	0
YES	3MJ (OH)	J	NO	0034000	02/01/2007	07/24/2009			MEDICARE SUPPLEMENT	6,538	861	13.2	1	0	0	0.0	0
												0.0				0.0	
												0.0				0.0	
												0.0				0.0	
												0.0				0.0	
0199999. Total Experience on Individual Policies										58,896	31,399	53.3	10	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Oklahoma.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3ME (OK)	E	NO	0034000	11/14/2005	07/25/2009			MEDICARE SUPPLEMENT	4,774	3,084	64.6	1	0	0	0.0	0
YES	3MF (OK)	F	NO	0034000	03/01/2004			05/31/2010	MEDICARE SUPPLEMENT	4,306	17,998	418.0	0	0	0	0.0	0
YES	3MG (OK)	G	NO	0034000	03/01/2004	07/25/2009			MEDICARE SUPPLEMENT	8,066	1,752	21.7	2	0	0	0.0	0
YES	3MJ (OK)	J	NO	0034000	02/05/2007	07/25/2009			MEDICARE SUPPLEMENT	3,877	281	7.2	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										21,023	23,115	110.0	4	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Oregon.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3MD (PA)	D	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	3,798	2,183	57.5	1	0	0	0.0	0
YES	3MD (PA)	D	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	3,309	0	0.0	1	0	0	0.0	0
YES	3MD (PA)	D	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	4,482	764	17.0	1	0	0	0.0	0
YES	3MD (PA)	D	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	11,756	6,382	54.3	3	0	0	0.0	0
YES	3MF (PA)	F	NO	0034060	05/12/2004			05/31/2010	MEDICARE SUPPLEMENT	33,591	7,686	22.9	6	0	0	0.0	0
YES	3MF (PA)	F	NO	0034060	05/12/2004			05/31/2010	MEDICARE SUPPLEMENT	4,331	270	6.2	1	0	0	0.0	0
YES	3MG (PA)	G	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	12	(291)	(2,425.0)	0	0	0	0.0	0
YES	3MG (PA)	G	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	11,622	9,783	84.2	1	0	0	0.0	0
YES	3MG (PA)	G	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	28,591	5,313	18.6	5	0	0	0.0	0
YES	3MG (PA)	G	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	30,973	4,344	14.0	6	0	0	0.0	0
YES	3MG (PA)	G	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	4,395	8,144	185.3	1	0	0	0.0	0
YES	3MI (PA)	I	NO	0034060	08/23/2006	07/26/2009			MEDICARE SUPPLEMENT	993	3,812	383.9	0	0	0	0.0	0
	CNHIC-MS-AA-A-PA																
YES		A	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-B-PA																
YES		B	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-B-PA																
YES		B	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-F-PA																
YES		F	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	27,056	20,714	76.6	65
	CNHIC-MS-AA-F-PA																
YES		F	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-G-PA																
YES		G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	176,527	108,003	61.2	593
	CNHIC-MS-AA-G-PA																
YES		G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-N-PA																
YES		N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	84,370	54,334	64.4	347
	CNHIC-MS-AA-N-PA																
YES		N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	90	0.0	0
0199999. Total Experience on Individual Policies										137,853	48,390	35.1	26	287,953	183,141	63.6	1,005
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company
GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Rhode Island.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF South Carolina.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3MF	F	NO	0034000	10/09/2003			05/31/2010	MEDICARE SUPPLEMENT	5,159	4,421	85.7	1	0	0	0.0	0
YES	3MG	G	NO	0034000	10/09/2003	07/25/2009			MEDICARE SUPPLEMENT	3,956	579	14.6	1	0	0	0.0	0
YES	3MG	G	NO	0034000	10/09/2003	07/25/2009			MEDICARE SUPPLEMENT	3,539	5,648	159.6	1	0	0	0.0	0
YES	3MI	I	NO	0034000	05/18/2006	07/25/2009			MEDICARE SUPPLEMENT	14,159	1,177	8.3	4	0	0	0.0	0
YES	3MI	I	NO	0034000	05/18/2006	07/25/2009			MEDICARE SUPPLEMENT	7,085	3,484	49.2	2	0	0	0.0	0
YES	3MJ	J	NO	0034000	02/23/2007	07/25/2009			MEDICARE SUPPLEMENT	43,134	13,823	32.0	8	0	0	0.0	0
YES	3MJ	J	NO	0034000	02/23/2007	07/25/2009			MEDICARE SUPPLEMENT	39,357	12,128	30.8	9	0	0	0.0	0
YES	CNHIC-MS-AA-A-SC	A	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-SC	F	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	11,528	8,248	71.5	26
YES	CNHIC-MS-AA-F-SC	F	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-SC	G	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	74,286	39,299	52.9	268
YES	CNHIC-MS-AA-G-SC	G	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	74	0.0	0
YES	CNHIC-MS-AA-N-SC	N	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	8,588	5,188	60.4	40
YES	CNHIC-MS-AA-N-SC	N	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										116,389	41,260	35.5	26	94,402	52,809	55.9	334
										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF South Dakota.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3MF.....	F.....	NO.....	0034060	11/19/2003			05/31/2010	MEDICARE SUPPLEMENT	9,147	530	5.8	2	0	0	0.0	0
YES.....	3MF.....	F.....	NO.....	0034060	11/19/2003			05/31/2010	MEDICARE SUPPLEMENT	4,361	2,029	46.5	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										13,508	2,559	18.9	3	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Tennessee.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit M. Umar Gilani
Title Actuarial Director Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3ME (TN)	E	NO	0034000	08/30/2005	07/26/2009			MEDICARE SUPPLEMENT	2,377	1,301	54.7	0	0	0	0.0	0
YES	3ME (TN)	E	NO	0034000	08/30/2005	07/26/2009			MEDICARE SUPPLEMENT	0	(35)	0.0	0	0	0	0.0	0
YES	3MF (TN)	F	NO	0034000	12/02/2003			05/31/2010	MEDICARE SUPPLEMENT	4,015	701	17.5	1	0	0	0.0	0
YES	3MF (TN)	F	NO	0034000	12/02/2003			05/31/2010	MEDICARE SUPPLEMENT	8,330	3,136	37.6	2	0	0	0.0	0
YES	3MF (TN)	F	NO	0034000	12/02/2003			05/31/2010	MEDICARE SUPPLEMENT	14,488	969	6.7	3	0	0	0.0	0
YES	3MG (TN)	G	NO	0034000	12/02/2003	07/26/2009			MEDICARE SUPPLEMENT	4,504	1,534	34.1	1	0	0	0.0	0
YES	3MG (TN)	G	NO	0034000	12/02/2003	07/26/2009			MEDICARE SUPPLEMENT	28,815	15,652	54.3	7	0	0	0.0	0
YES	3MG (TN)	G	NO	0034000	12/02/2003	07/26/2009			MEDICARE SUPPLEMENT	10,469	4,391	41.9	2	0	0	0.0	0
YES	3MG (TN)	G	NO	0034000	12/02/2003	07/26/2009			MEDICARE SUPPLEMENT	3,381	26,853	794.2	0	0	0	0.0	0
YES	3MI (TN)	I	NO	0034000	07/14/2006	07/26/2009			MEDICARE SUPPLEMENT	3,209	(275)	(8.6)	0	0	0	0.0	0
YES	3MK (TN)	F	NO	0034000	12/02/2003			05/31/2010	HIGH DEDUCTIBLE	947	(40)	(4.2)	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										80,535	54,187	67.3	16	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

360.TX



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Texas.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3MC(TX)	C	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	4,881	266	5.4	1	0	0	0.0	0
YES	3MD(TX)	D	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	3,922	(3)	(0.1)	1	0	0	0.0	0
YES	3MD(TX)	D	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	4,233	500	11.8	1	0	0	0.0	0
YES	3MD(TX)	D	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	5,633	552	9.8	1	0	0	0.0	0
YES	3ME(TX)	E	NO	0034000	12/30/2005	07/31/2009			MEDICARE SUPPLEMENT	7,603	5,484	72.1	2	0	0	0.0	0
YES	3ME(TX)	E	NO	0034000	12/30/2005	07/31/2009			MEDICARE SUPPLEMENT	19,411	8,635	44.5	5	0	0	0.0	0
YES	3MF(TX)	F	NO	0034000	12/11/2003			05/31/2010	MEDICARE SUPPLEMENT	76,278	33,084	43.4	11	0	0	0.0	0
YES	3MF(TX)	F	NO	0034000	12/11/2003			05/31/2010	MEDICARE SUPPLEMENT	82,987	37,540	45.2	12	0	0	0.0	0
YES	3MF(TX)	F	NO	0034000	12/11/2003			05/31/2010	MEDICARE SUPPLEMENT	5,602	508	9.1	1	0	0	0.0	0
YES	3MG(TX)	G	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	21,548	5,257	24.4	4	0	0	0.0	0
YES	3MG(TX)	G	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	18,265	15,412	84.4	3	0	0	0.0	0
YES	3MG(TX)	G	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	4,473	2,027	45.3	1	0	0	0.0	0
YES	3MH(TX)	H	NO	0034000	02/21/2007	07/31/2009			MEDICARE SUPPLEMENT	1,479	3,940	266.4	0	0	0	0.0	0
YES	3MI(TX)	I	NO	0034000	06/15/2006	07/31/2009			MEDICARE SUPPLEMENT	4,706	251	5.3	1	0	0	0.0	0
YES	3MI(TX)	I	NO	0034000	06/15/2006	07/31/2009			MEDICARE SUPPLEMENT	2,022	7,694	380.5	0	0	0	0.0	0
YES	3MJ(TX)	J	NO	0034000	02/21/2007	07/31/2009			MEDICARE SUPPLEMENT	17,002	4,150	24.4	4	0	0	0.0	0
YES	3MJ(TX)	J	NO	0034000	02/21/2007	07/31/2009			MEDICARE SUPPLEMENT	19,404	6,253	32.2	5	0	0	0.0	0
YES	3MK(TX)	F	NO	0034000	12/11/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,163	8	0.7	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										300,612	131,558	43.8	54	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
- 2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
- 3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Utah.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Vermont.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Virginia.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3MD (VA)	D	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	4,398	171	3.9	1	0	0	0.0	0
YES	3MD (VA)	D	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	7,972	2,574	32.3	2	0	0	0.0	0
YES	3MD (VA)	D	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	3,872	2,001	51.7	1	0	0	0.0	0
YES	3MF (VA)	F	NO	0034000	08/05/2004		05/31/2010		MEDICARE SUPPLEMENT	50,078	22,493	44.9	11	0	0	0.0	0
YES	3MF (VA)	F	NO	0034000	08/05/2004		05/31/2010		MEDICARE SUPPLEMENT	134,145	61,643	46.0	27	0	0	0.0	0
YES	3MF (VA)	F	NO	0034000	08/05/2004		05/31/2010		MEDICARE SUPPLEMENT	59,788	18,457	30.9	13	0	0	0.0	0
YES	3MG (VA)	G	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	45,490	40,956	90.0	10	0	0	0.0	0
YES	3MG (VA)	G	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	31,167	25,530	81.9	7	0	0	0.0	0
YES	3MG (VA)	G	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	3,397	393	11.6	1	0	0	0.0	0
YES	3MH (VA)	H	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	8,826	1,408	16.0	2	0	0	0.0	0
YES	3MH (VA)	H	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	47,947	34,087	71.1	14	0	0	0.0	0
YES	3MH (VA)	H	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	21,696	12,204	56.3	7	0	0	0.0	0
YES	3MI (VA)	I	NO	0034000	11/07/2006	07/26/2009			MEDICARE SUPPLEMENT	46,713	22,176	47.5	13	0	0	0.0	0
YES	3MI (VA)	I	NO	0034000	11/07/2006	07/26/2009			MEDICARE SUPPLEMENT	42,206	8,041	19.1	12	0	0	0.0	0
YES	3MI (VA)	I	NO	0034000	11/07/2006	07/26/2009			MEDICARE SUPPLEMENT	3,776	1,953	51.7	1	0	0	0.0	0
YES	3MJ (VA)	J	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	189,011	170,027	90.0	45	0	0	0.0	0
YES	3MJ (VA)	J	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	210,259	268,403	127.7	54	0	0	0.0	0
YES	3MJ (VA)	J	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	18,589	25,898	139.3	5	0	0	0.0	0
0199999. Total Experience on Individual Policies										929,330	718,415	77.3	226	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Washington.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF West Virginia.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3ME	E	NO	0034000	12/01/2005	07/26/2009			MEDICARE SUPPLEMENT	4,030	550	13.6	1	0	0	0.0	0
YES	3MK	F	NO	0034000	11/24/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,241	216	17.4	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										5,271	766	14.5	2	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

360.WI



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....
NAIC Group Code 0901..... NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Wyoming.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit M. Umar Gilani.....
Title Actuarial Director..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3MF(WY)	F	NO	.0034000	12/05/2003			.05/31/2010	MEDICARE SUPPLEMENT	3,413	1,355	39.7	.0	.0	.0	0.0	.0
YES	3MF(WY)	F	NO	.0034000	12/05/2003			.05/31/2010	MEDICARE SUPPLEMENT	5,018	171	3.4	.1	.0	.0	0.0	.0
YES	3MF(WY)	F	NO	.0034000	12/05/2003			.05/31/2010	MEDICARE SUPPLEMENT	15,887	11,713	73.7	.2	.0	.0	0.0	.0
YES	3MG(WY)	G	NO	.0034000	12/05/2003	.07/26/2009			MEDICARE SUPPLEMENT	.0	12	0.0	.0	.0	.0	0.0	.0
0199999. Total Experience on Individual Policies										24,318	13,251	54.5	3	0	0	0.0	0
																0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".