



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 OfficerDavid Lawrence Chambers, Vice President Sales and MarketingMark Fleming, Vice President and Assistant Treasurer

Joanne Ruth Hart, Vice President and Assistant TreasurerScott Ronald Lambert, Vice President and Assistant TreasurerRyan Bruce McGroarty, Vice President

Kathleen Murphy O'Neil, Vice PresidentDrew Jerome Reynolds #, Vice President and Assistant Treasurer

DIRECTORS OR TRUSTEES

Tyler Michael Lester #Brian Case EvankoStephen Burnett Jones

Ryan Bruce McGroartyFrank Sataline Jr.James Yablecki

State ofTennesseeSS:

County ofDavidson

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 JonesByron Keith BuescherJill Mary Stadelman  
PresidentTreasurer and Chief Accounting OfficerSecretary

Subscribed and sworn to before me thisa. Is this an original filing? ..... Yes [ X ] No [ ]  
day ofb. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2020

NAIC Group Code 0901

NAIC Company Code 61727

LIFE INSURANCE					
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	16,270				16,270
2. Annuity considerations .....	2,200				2,200
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	18,470	0	0	0	18,470
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	27	1,580,934	0 (a)	0	0	0	0	0	27	1,580,934
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....		455							0	455
23. In force December 31 of current year .....	27	1,581,389	0 (a)	0	0	0	0	0	27	1,581,389

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....	7,500	7,883		3,081	2,905
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	20,251	20,624		3,242	3,146
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	20,251	20,624	0	3,242	3,146
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	27,751	28,507	0	6,323	6,051

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	710				710
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	710	0	0	0	710
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	2	80,000	0	(a) 0	0	0	0	0	2	80,000
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	2	80,000	0	(a) 0	0	0	0	0	2	80,000

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....	6,011				6,011
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	6,011	0	0	0	6,011
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....	344				344
12. Surrender values and withdrawals for life contracts .....	59,001				59,001
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	59,345	0	0	0	59,345
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	9	755,957	0	(a) 0	0	0	0	0	9	755,957
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	9	755,957	0	(a) 0	0	0	0	0	9	755,957

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	7,198	6,608		2,306	2,205
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	7,198	6,608	0	2,306	2,205
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	7,198	6,608	0	2,306	2,205

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
insured under indemnity only products .....0 .





ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	5,302				5,302
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	5,302	0	0	0	5,302
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	9	97,250	0	(a) 0	0	0	0	0	9	97,250
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	9	97,250	0	(a) 0	0	0	0	0	9	97,250

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	8,379	8,069		21,590	21,532
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	8,379	8,069	0	21,590	21,532
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	8,379	8,069	0	21,590	21,532

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
insured under indemnity only products .....0 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	12				12
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	12	0	0	0	12
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	4,283				4,283
12. Surrender values and withdrawals for life contracts	2,129				2,129
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	6,412	0	0	0	6,412
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	488	0	(a) 0	0	0	0	0	1	488
21. Issued during year									0	0
22. Other changes to in force (Net)		(34)							0	(34)
23. In force December 31 of current year	1	454	0	(a) 0	0	0	0	0	1	454

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	356	590		1,792	1,763
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	356	590	0	1,792	1,763

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,016				1,016
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,016	0	0	0	1,016
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,635				7,635
10. Matured endowments					0
11. Annuity benefits	6,364				6,364
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	13,999	0	0	0	13,999
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	7,500							1	7,500
Settled during current year:										
18.1 By payment in full	1	7,500							1	7,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	7,500	0	0	0	0	0	0	1	7,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	7,500	0	0	0	0	0	0	1	7,500
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	5	162,500	0	(a) 0	0	0	0	0	5	162,500
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(7,500)							(1)	(7,500)
23. In force December 31 of current year	4	155,000	0	(a) 0	0	0	0	0	4	155,000

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		3			(76)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	3	0	0	(76)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	3	0	0	(76)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....				411	411
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	0	0	0	411	411
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	0	0	0	411	411

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons  
insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	413				413
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	413	0	0	0	413
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	1	6,000	0	(a) 0	0	0	0	0	1	6,000
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	1	6,000	0	(a) 0	0	0	0	0	1	6,000

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,995				2,995
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,995	0	0	0	2,995
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	19,110				19,110
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	19,110	0	0	0	19,110
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	5,000	0	0	0	0	0	0	1	5,000
17. Incurred during current year	2	16,000							2	16,000
Settled during current year:										
18.1 By payment in full	2	19,000							2	19,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	19,000	0	0	0	0	0	0	2	19,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	19,000	0	0	0	0	0	0	2	19,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	2,000	0	0	0	0	0	0	1	2,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	19	315,144	0	(a) 0	0	0	0	0	19	315,144
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(18,028)							(2)	(18,028)
23. In force December 31 of current year	17	297,116	0	(a) 0	0	0	0	0	17	297,116

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	504	774		1,993	1,912
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	10,245	10,274		1,354	955
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	10,245	10,274	0	1,354	955
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,749	11,048	0	3,347	2,867

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2020

NAIC Group Code 0901

NAIC Company Code 61727

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	53		61		114
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	53	0	61	0	114
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	1,579	0	(a) 0	0	0	0	0	1	1,579
21. Issued during year									0	0
22. Other changes to in force (Net)	1	9,000							1	9,000
23. In force December 31 of current year	2	10,579	0	(a) 0	0	0	0	0	2	10,579

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,440	5,545		1,876	1,888
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,548	3,547		6,098	6,065
25.3 Non-renewable for stated reasons only (b)		612			(2,824)
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,548	4,159	0	6,098	3,241
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,988	9,704	0	7,974	5,129

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	265				265
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	265	0	0	0	265
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	1	90,000	0	(a) 0	0	0	0	0	1	90,000
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	1	90,000	0	(a) 0	0	0	0	0	1	90,000

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
insured under indemnity only products .....0 .





ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2020

NAIC Group Code 0901

NAIC Company Code 61727

LIFE INSURANCE					
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	15,819				15,819
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	15,819	0	0	0	15,819
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	1,478				1,478
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,478	0	0	0	1,478
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	20,000							1	20,000
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	1	20,000	0	0	0	0	0	0	1	20,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	23	230,500	0	(a) 0	0	0	0	0	23	230,500
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	23	230,500	0	(a) 0	0	0	0	0	23	230,500

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	986	986		145	144
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	180,626	181,907		109,059	109,370
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	180,626	181,907	0	109,059	109,370
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	181,612	182,893	0	109,204	109,514

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....	41,144				41,144
2. Annuity considerations .....	9,374				9,374
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	50,517	0	0	0	50,517
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	50,200				50,200
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....	18,975				18,975
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	69,174	0	0	0	69,174
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....	2	55,000							2	55,000
Settled during current year:										
18.1 By payment in full .....	1	50,000							1	50,000
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	1	50,000	0	0	0	0	0	0	1	50,000
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	1	50,000	0	0	0	0	0	0	1	50,000
19. Unpaid Dec. 31, current year (16+17-18.6) .....	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	78	4,378,541	0	(a) 0	0	0	0	0	78	4,378,541
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....	(5)	(256,215)							(5)	(256,215)
23. In force December 31 of current year .....	73	4,122,326	0	(a) 0	0	0	0	0	73	4,122,326

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....	2,418	2,423		2,900	2,898
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	575,934	409,144		179,734	243,402
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	575,934	409,144	0	179,734	243,402
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	578,352	411,567	0	182,634	246,300

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2020

NAIC Group Code 0901

NAIC Company Code 61727

NAIC Group Code      0901		LIFE INSURANCE			NAIC Company Code    61727	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance .....	1,906				1,906
2.	Annuity considerations .....					0
3.	Deposit-type contract funds .....		XXX		XXX	0
4.	Other considerations .....					0
5.	Totals (Sum of Lines 1 to 4) .....	1,906	0	0	0	1,906
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1	Paid in cash or left on deposit .....					0
6.2	Applied to pay renewal premiums .....					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4	Other .....					0
6.5	Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:						
7.1	Paid in cash or left on deposit .....					0
7.2	Applied to provide paid-up annuities .....					0
7.3	Other .....					0
7.4	Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits .....	3,089				3,089
10.	Matured endowments .....					0
11.	Annuity benefits .....					0
12.	Surrender values and withdrawals for life contracts .....					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14.	All other benefits, except accident and health .....					0
15.	Totals .....	3,089	0	0	0	3,089
DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of Line 13 from overflow page .....	0	0	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	1	3,079	0	0	0	0	0	0	1	3,079
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full	1	3,080							1	3,080
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	3,080	0	0	0	0	0	0	1	3,080
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	3,080	0	0	0	0	0	0	1	3,080
19. Unpaid Dec. 31, current year (16+17-18.6)	0	(1)	0	0	0	0	0	0	0	(1)
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3	25,080	0	(a) 0	0	0	0	0	3	25,080
21. Issued during year									0	0
22. Other changes to in force (Net)		86,921							0	86,921
23. In force December 31 of current year	3	112,001	0	(a) 0	0	0	0	0	3	112,001

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	50,454	50,460		28,990	28,284
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	50,454	50,460	0	28,990	28,284
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	50,454	50,460	0	28,990	28,284

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	25,040				25,040
2. Annuity considerations	1,200				1,200
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	26,240	0	0	0	26,240
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	11,546				11,546
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	3,255				3,255
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	14,801	0	0	0	14,801
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	5	19,500							5	19,500
Settled during current year:										
18.1 By payment in full	3	11,500							3	11,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	11,500	0	0	0	0	0	0	3	11,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	11,500	0	0	0	0	0	0	3	11,500
19. Unpaid Dec. 31, current year (16+17-18.6)	2	8,000	0	0	0	0	0	0	2	8,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	52	1,455,290	0 (a)	0	0	0	0	0	52	1,455,290
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(101,500)							(4)	(101,500)
23. In force December 31 of current year	48	1,353,790	0 (a)	0	0	0	0	0	48	1,353,790

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	305	305			
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	2,422	2,490		573	524
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	126,829	128,225		86,187	83,931
25.3 Non-renewable for stated reasons only (b)		(1)		70	(3,729)
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	126,829	128,224	0	86,257	80,202
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	129,556	131,019	0	86,830	80,726

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,025				1,025
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,025	0	0	0	1,025
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,119				10,119
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	258				258
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	10,378	0	0	0	10,378
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full	1	10,000							1	10,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	10,000	0	0	0	0	0	0	1	10,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3	25,000	0	(a) 0	0	0	0	0	3	25,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year	2	15,000	0	(a) 0	0	0	0	0	2	15,000

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	10,165	10,203		13,526	13,002
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	10,165	10,203	0	13,526	13,002
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,165	10,203	0	13,526	13,002

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....	301				301
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	301	0	0	0	301
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	2	100,566	0	(a) 0	0	0	0	0	2	100,566
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	2	100,566	0	(a) 0	0	0	0	0	2	100,566

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	6,941	6,940		1,015	1,247
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	6,941	6,940	0	1,015	1,247
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	6,941	6,940	0	1,015	1,247

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
insured under indemnity only products .....0 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2020

NAIC Group Code 0901

NAIC Company Code 61727

NAIC Group Code      0901		LIFE INSURANCE			NAIC Company Code    61727	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance .....	1,633				1,633
2.	Annuity considerations .....					0
3.	Deposit-type contract funds .....		XXX		XXX	0
4.	Other considerations .....					0
5.	Totals (Sum of Lines 1 to 4) .....	1,633	0	0	0	1,633
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1	Paid in cash or left on deposit .....					0
6.2	Applied to pay renewal premiums .....					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4	Other .....					0
6.5	Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:						
7.1	Paid in cash or left on deposit .....					0
7.2	Applied to provide paid-up annuities .....					0
7.3	Other .....					0
7.4	Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits .....					0
10.	Matured endowments .....					0
11.	Annuity benefits .....					0
12.	Surrender values and withdrawals for life contracts .....					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14.	All other benefits, except accident and health .....					0
15.	Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of Line 13 from overflow page .....	0	0	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16.	Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0
17.	Incurred during current year								0	0
Settled during current year:										
18.1	By payment in full								0	0
18.2	By payment on compromised claims								0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise								0	0
18.5	Amount rejected								0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	1	141,862	0 (a)	0	0	0	0	1	141,862
21.	Issued during year								0	0
22.	Other changes to in force (Net)								0	0
23.	In force December 31 of current year	1	141,862	0 (a)	0	0	0	0	1	141,862

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies/certificates (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees				
Other Individual Policies:					
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)	4,669	4,700	4,535	4,179
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	4,669	4,700	4,535	4,179
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,669	4,700	4,535	4,179

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	6,587				6,587
2. Annuity considerations	11,302				11,302
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	17,890	0	0	0	17,890
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	40,094				40,094
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	27,774				27,774
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	67,868	0	0	0	67,868
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	40,000							2	40,000
Settled during current year:										
18.1 By payment in full	2	40,000							2	40,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	40,000	0	0	0	0	0	0	2	40,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	40,000	0	0	0	0	0	0	2	40,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	16	1,128,825	0	(a) 0	0	0	0	0	16	1,128,825
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(66,969)							(3)	(66,969)
23. In force December 31 of current year	13	1,061,856	0	(a) 0	0	0	0	0	13	1,061,856

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)				58	57
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	813	836			(52)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	813	836	0	0	(52)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	813	836	0	58	5

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons  
insured under indemnity only products 0





ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	6,059	6,057		2,483	2,395
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	6,059	6,057	0	2,483	2,395
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	6,059	6,057	0	2,483	2,395

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	815				815
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	815	0	0	0	815
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	13,000	0	(a) 0	0	0	0	0	2	13,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	2	13,000	0	(a) 0	0	0	0	0	2	13,000

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,274	1,266			436
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,274	1,266	0	0	436
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,274	1,266	0	0	436

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	20,373				20,373
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	20,373	0	0	0	20,373
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	26,350				26,350
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	1,968				1,968
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	28,318	0	0	0	28,318
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	4	26,232							4	26,232
Settled during current year:										
18.1 By payment in full	4	26,232							4	26,232
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	26,232	0	0	0	0	0	0	4	26,232
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	26,232	0	0	0	0	0	0	4	26,232
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	47	1,162,924	0	(a) 0	0	0	0	0	47	1,162,924
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(76,232)							(5)	(76,232)
23. In force December 31 of current year	42	1,086,692	0	(a) 0	0	0	0	0	42	1,086,692

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)		25			
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	833	833		1,227	1,226
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	44,008	44,051		18,535	17,527
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	44,008	44,051	0	18,535	17,527
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	44,841	44,909	0	19,762	18,753

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	82,116	83,974		37,244	35,944
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	82,116	83,974	0	37,244	35,944
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	82,116	83,974	0	37,244	35,944

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons  
insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	174,705	179,561		117,929	112,750
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	174,705	179,561	0	117,929	112,750
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	174,705	179,561	0	117,929	112,750

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons  
insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	600				600
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	600	0	0	0	600
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	51,938	0	(a) 0	0	0	0	0	1	51,938
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	51,938	0	(a) 0	0	0	0	0	1	51,938

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,417	4,405		2,797	3,035
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,417	4,405	0	2,797	3,035
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,417	4,405	0	2,797	3,035

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	1,501	465		626	704
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	1,501	465	0	626	704
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	1,501	465	0	626	704

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons  
insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,096				1,096
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,096	0	0	0	1,096
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,023				10,023
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	10,023	0	0	0	10,023
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full	1	10,000							1	10,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	10,000	0	0	0	0	0	0	1	10,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	15,000	0	(a) 0	0	0	0	0	2	15,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year	1	5,000	0	(a) 0	0	0	0	0	1	5,000

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .





ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	82,433				82,433
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	82,433	0	0	0	82,433
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	93,408				93,408
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....	16,980				16,980
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	110,387	0	0	0	110,387
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	1	5,000	0	0	0	0	0	0	1	5,000
17. Incurred during current year .....	8	88,000							8	88,000
Settled during current year:										
18.1 By payment in full .....	9	93,000							9	93,000
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	9	93,000	0	0	0	0	0	0	9	93,000
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	9	93,000	0	0	0	0	0	0	9	93,000
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	123	2,787,186	0 (a)	0	0	0	0	0	123	2,787,186
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....	(11)	(307,225)							(11)	(307,225)
23. In force December 31 of current year .....	112	2,479,961	0 (a)	0	0	0	0	0	112	2,479,961

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....	3,598	3,601		993	977
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	315,951	317,376		187,740	182,098
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	315,951	317,376	0	187,740	182,098
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	319,549	320,977	0	188,733	183,075

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	726				726
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	726	0	0	0	726
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	2	12,455	0	(a) 0	0	0	0	0	2	12,455
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	2	12,455	0	(a) 0	0	0	0	0	2	12,455

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	43,034	48,435		34,923	33,738
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	43,034	48,435	0	34,923	33,738
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	43,034	48,435	0	34,923	33,738

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons  
insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	73,048				73,048
2. Annuity considerations	77,214				77,214
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	150,262	0	0	0	150,262
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	455				455
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	676				676
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,131	0	0	0	1,131
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,131	0	0	0	1,131
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	89,223				89,223
10. Matured endowments					0
11. Annuity benefits	256,973				256,973
12. Surrender values and withdrawals for life contracts	74,160				74,160
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	420,356	0	0	0	420,356
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	3	30,266	0	0	0	0	0	0	3	30,266
17. Incurred during current year	8	65,164							8	65,164
Settled during current year:										
18.1 By payment in full	7	87,500							7	87,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	87,500	0	0	0	0	0	0	7	87,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	87,500	0	0	0	0	0	0	7	87,500
19. Unpaid Dec. 31, current year (16+17-18.6)	4	7,930	0	0	0	0	0	0	4	7,930
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	244	7,412,763	0	(a) 0	0	0	0	0	244	7,412,763
21. Issued during year									0	0
22. Other changes to in force (Net)	(17)	(424,140)							(17)	(424,140)
23. In force December 31 of current year	227	6,988,623	0	(a) 0	0	0	0	0	227	6,988,623

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,546	1,582		5,419	2,951
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	18,697	20,175		8,567	8,370
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	70,318	71,214		39,037	35,990
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	70,318	71,214	0	39,037	35,990
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	90,561	92,971	0	53,023	47,311

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma  
NAIC Group Code 0901

DURING THE YEAR 2020  
NAIC Company Code 61727

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	3,202				3,202
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,202	0	0	0	3,202
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,057				10,057
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	10,057	0	0	0	10,057
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	10,000	0	0	0	0	0	0	1	10,000
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full	1	10,000							1	10,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	10,000	0	0	0	0	0	0	1	10,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	8	230,000	0	(a) 0	0	0	0	0	8	230,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year	7	220,000	0	(a) 0	0	0	0	0	7	220,000

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	26,530	26,617		31,677	30,751
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	26,530	26,617	0	31,677	30,751
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	26,530	26,617	0	31,677	30,751

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons  
insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	1	25,000	0	(a) 0	0	0	0	0	1	25,000
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	1	25,000	0	(a) 0	0	0	0	0	1	25,000

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	4,381	4,384			1,242
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	4,381	4,384	0	0	1,242
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	4,381	4,384	0	0	1,242

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania  
NAIC Group Code 0901

DURING THE YEAR 2020  
NAIC Company Code 61727

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	6,943				6,943
2. Annuity considerations .....	3,500				3,500
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	10,443	0	0	0	10,443
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....	4,350				4,350
12. Surrender values and withdrawals for life contracts .....	13,855				13,855
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	18,205	0	0	0	18,205
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	16	761,534	0	(a) 0	0	0	0	0	16	761,534
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	16	761,534	0	(a) 0	0	0	0	0	16	761,534

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	606,913	420,554		140,282	226,902
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	606,913	420,554	0	140,282	226,902
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	606,913	420,554	0	140,282	226,902

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
insured under indemnity only products .....0 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	16,532				16,532
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	16,532	0	0	0	16,532
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	25,082				25,082
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	54,205				54,205
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	79,286	0	0	0	79,286
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	25,000							1	25,000
Settled during current year:										
18.1 By payment in full	1	25,000							1	25,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	25,000	0	0	0	0	0	0	1	25,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	25,000	0	0	0	0	0	0	1	25,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	32	1,598,107	0	(a) 0	0	0	0	0	32	1,598,107
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(55,383)							(2)	(55,383)
23. In force December 31 of current year	30	1,542,724	0	(a) 0	0	0	0	0	30	1,542,724

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	238,431	200,510		67,758	91,061
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	238,431	200,510	0	67,758	91,061
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	238,431	200,510	0	67,758	91,061

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons  
insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	632				632
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	632	0	0	0	632
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	1	5,000	0	(a) 0	0	0	0	0	1	5,000
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	1	5,000	0	(a) 0	0	0	0	0	1	5,000

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....	4,239	4,239		3,046	3,092
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	9,239	9,229		2,630	2,560
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	9,239	9,229	0	2,630	2,560
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	13,478	13,468	0	5,676	5,652

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .





ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	11,529				11,529
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,529	0	0	0	11,529
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,497				6,497
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	722				722
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	7,219	0	0	0	7,219
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	1,339	0	0	0	0	0	0	1	1,339
17. Incurred during current year	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full	2	6,339							2	6,339
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	6,339	0	0	0	0	0	0	2	6,339
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	6,339	0	0	0	0	0	0	2	6,339
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	27	844,856	0	(a) 0	0	0	0	0	27	844,856
21. Issued during year									0	0
22. Other changes to in force (Net)	(6)	(53,718)							(6)	(53,718)
23. In force December 31 of current year	21	791,138	0	(a) 0	0	0	0	0	21	791,138

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	86,094	85,976		60,585	58,868
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	86,094	85,976	0	60,585	58,868
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	86,094	85,976	0	60,585	58,868

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons  
insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	18,323				18,323
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	18,323	0	0	0	18,323
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	22,628				22,628
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	2,750				2,750
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	25,378	0	0	0	25,378
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	22,000							2	22,000
Settled during current year:										
18.1 By payment in full	2	22,000							2	22,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	22,000	0	0	0	0	0	0	2	22,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	22,000	0	0	0	0	0	0	2	22,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	39	529,718	0	(a) 0	0	0	0	0	39	529,718
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(52,038)							(5)	(52,038)
23. In force December 31 of current year	34	477,680	0	(a) 0	0	0	0	0	34	477,680

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,348	2,571		818	845
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	1,573	1,573			(1)
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	308,176	312,054		125,876	123,733
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	308,176	312,054	0	125,876	123,733
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	312,097	316,198	0	126,694	124,577

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons  
insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,481				2,481
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,481	0	0	0	2,481
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	103,024	0	(a) 0	0	0	0	0	2	103,024
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	2	103,024	0	(a) 0	0	0	0	0	2	103,024

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	52,613				52,613
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	52,613	0	0	0	52,613
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	37,610				37,610
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	6,810				6,810
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	44,420	0	0	0	44,420
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	10,000	0	0	0	0	0	0	1	10,000
17. Incurred during current year	7	37,500							7	37,500
Settled during current year:										
18.1 By payment in full	5	37,500							5	37,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	37,500	0	0	0	0	0	0	5	37,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	37,500	0	0	0	0	0	0	5	37,500
19. Unpaid Dec. 31, current year (16+17-18.6)	3	10,000	0	0	0	0	0	0	3	10,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	96	2,011,947	0	(a) 0	0	0	0	0	96	2,011,947
21. Issued during year									0	0
22. Other changes to in force (Net)	(11)	(188,439)							(11)	(188,439)
23. In force December 31 of current year	85	1,823,508	0	(a) 0	0	0	0	0	85	1,823,508

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	913,859	912,919		701,360	679,654
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	913,859	912,919	0	701,360	679,654
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	913,859	912,919	0	701,360	679,654

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons  
insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	5,855	5,855		205	160
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	5,855	5,855	0	205	160
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	5,855	5,855	0	205	160

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons  
insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2020

NAIC Group Code 0901

NAIC Company Code 61727

NAIC Group Code 0901		LIFE INSURANCE			NAIC Company Code 61727	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance .....	7,280				7,280
2.	Annuity considerations .....					0
3.	Deposit-type contract funds .....		XXX		XXX	0
4.	Other considerations .....					0
5.	Totals (Sum of Lines 1 to 4) .....	7,280	0	0	0	7,280
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1	Paid in cash or left on deposit .....					0
6.2	Applied to pay renewal premiums .....					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4	Other .....					0
6.5	Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:						
7.1	Paid in cash or left on deposit .....					0
7.2	Applied to provide paid-up annuities .....					0
7.3	Other .....					0
7.4	Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits .....					0
10.	Matured endowments .....					0
11.	Annuity benefits .....					0
12.	Surrender values and withdrawals for life contracts .....	194				194
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14.	All other benefits, except accident and health .....					0
15.	Totals .....	194	0	0	0	194
DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of Line 13 from overflow page .....	0	0	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16.	Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0
17.	Incurred during current year								0	0
Settled during current year:										
18.1	By payment in full								0	0
18.2	By payment on compromised claims								0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise								0	0
18.5	Amount rejected								0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	14	775,151	0 (a)	0	0	0	0	14	775,151
21.	Issued during year								0	0
22.	Other changes to in force (Net)	(1)	(50,000)						(1)	(50,000)
23.	In force December 31 of current year	13	725,151	0 (a)	0	0	0	0	13	725,151

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies/certificates (b)	261	261		
24.4	Medicare Title XVIII exempt from state taxes or fees				
Other Individual Policies:					
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)	6,990	6,978	844	766
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	6,990	6,978	844	766
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,251	7,239	844	766

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....	421	421			
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	7,793	7,446		11,000	13,112
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	7,793	7,446	0	11,000	13,112
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	8,214	7,867	0	11,000	13,112

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming  
NAIC Group Code 0901

DURING THE YEAR 2020  
NAIC Company Code 61727

LIFE INSURANCE

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	35,676	35,424		15,347	15,499
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	35,676	35,424	0	15,347	15,499
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	35,676	35,424	0	15,347	15,499

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
insured under indemnity only products .....0 .





ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	425,127	0	61	0	425,188
2. Annuity considerations	104,790	0	0	0	104,790
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	529,917	0	61	0	529,978
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	455	0	0	0	455
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	676	0	0	0	676
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,131	0	0	0	1,131
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,131	0	0	0	1,131
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	462,671	0	0	0	462,671
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	272,314	0	0	0	272,314
12. Surrender values and withdrawals for life contracts	284,513	0	0	0	284,513
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	1,019,497	0	0	0	1,019,497
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	9	64,684	0	0	0	0	0	0	9	64,684
17. Incurred during current year	46	446,896	0	0	0	0	0	0	46	446,896
Settled during current year:										
18.1 By payment in full	43	458,651	0	0	0	0	0	0	43	458,651
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	43	458,651	0	0	0	0	0	0	43	458,651
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	43	458,651	0	0	0	0	0	0	43	458,651
19. Unpaid Dec. 31, current year (16+17-18.6)	12	52,929	0	0	0	0	0	0	12	52,929
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	910	28,915,119	0	(a) 0	0	0	0	0	910	28,915,119
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(75)	(1,591,045)	0	0	0	0	0	0	(75)	(1,591,045)
23. In force December 31 of current year	835	27,324,074	0	(a) 0	0	0	0	0	835	27,324,074

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	17,980	18,642	0	14,203	11,722
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	35,467	37,635	0	18,285	17,829
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	3,999,372	3,626,290	0	2,056,925	2,186,526
25.3 Non-renewable for stated reasons only (b)	0	611	0	70	(6,553)
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	3,999,372	3,626,901	0	2,056,995	2,179,973
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,052,819	3,683,178	0	2,089,483	2,209,524

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons  
insured under indemnity only products 0 .

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE		1
		Amount
1.	Reserve as of December 31, Prior Year .....	6,349
2.	Current year's realized pre-tax capital gains/(losses) of \$ .....0 transferred into the reserve net of taxes of \$ .....0	0
3.	Adjustment for current year's liability gains/(losses) released from the reserve .....	0
4.	Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) .....	6,349
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) .....	4,168
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	2,181

AMORTIZATION				
	1	2	3	4
Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2020 .....	4,168	0	0	4,168
2. 2021 .....	3,019	0	0	3,019
3. 2022 .....	1,565	0	0	1,565
4. 2023 .....	275	0	0	275
5. 2024 .....	(304)	0	0	(304)
6. 2025 .....	(404)	0	0	(404)
7. 2026 .....	(376)	0	0	(376)
8. 2027 .....	(257)	0	0	(257)
9. 2028 .....	(212)	0	0	(212)
10. 2029 .....	(228)	0	0	(228)
11. 2030 .....	(244)	0	0	(244)
12. 2031 .....	(228)	0	0	(228)
13. 2032 .....	(181)	0	0	(181)
14. 2033 .....	(134)	0	0	(134)
15. 2034 .....	(82)	0	0	(82)
16. 2035 .....	(28)	0	0	(28)
17. 2036 .....	0	0	0	0
18. 2037 .....	0	0	0	0
19. 2038 .....	0	0	0	0
20. 2039 .....	0	0	0	0
21. 2040 .....	0	0	0	0
22. 2041 .....	0	0	0	0
23. 2042 .....	0	0	0	0
24. 2043 .....	0	0	0	0
25. 2044 .....	0	0	0	0
26. 2045 .....	0	0	0	0
27. 2046 .....	0	0	0	0
28. 2047 .....	0	0	0	0
29. 2048 .....	0	0	0	0
30. 2049 .....	0	0	0	0
31. 2050 and Later		0	0	0
32. Total (Lines 1 to 31)	6,349	0	0	6,349

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year .....	5,075	0	5,075	0	0	0	5,075
2. Realized capital gains/(losses) net of taxes - General Account .....			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts .....			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account .....			0			0	0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts .....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves .....			0			0	0
7. Basic contribution .....	1,432	0	1,432	0	0	0	1,432
8. Accumulated balances (Lines 1 through 5 - 6 + 7) .....	6,507	0	6,507	0	0	0	6,507
9. Maximum reserve .....	9,453	0	9,453	0	0	0	9,453
10. Reserve objective .....	4,583	0	4,583	0	0	0	4,583
11. 20% of (Line 10 - Line 8) .....	(385)	0	(385)	0	0	0	(385)
12. Balance before transfers (Lines 8 + 11) .....	6,122	0	6,122	0	0	0	6,122
13. Transfers .....			0			0	0
14. Voluntary contribution .....			0			0	0
15. Adjustment down to maximum/up to zero .....			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	6,122	0	6,122	0	0	0	6,122

**ASSET VALUATION RESERVE**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**DEFAULT COMPONENT**

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	4,457,780	XXX	XXX	4,457,780	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
3.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
3.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
3.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
4.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
5.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
6.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
7.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	4,457,780	XXX	XXX	4,457,780	XXX	0	XXX	0	XXX	0
PREFERRED STOCKS												
10.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

**ASSET VALUATION RESERVE (Continued)**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**DEFAULT COMPONENT**

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
SHORT-TERM BONDS												
18.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.4	1	NAIC Designation Category 1.D	2,864,436	XXX	XXX	2,864,436	0.0005	1,432	0.0016	4,583	0.0033	9,453
19.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	2,864,436	XXX	XXX	2,864,436	XXX	1,432	XXX	4,583	XXX	9,453
20.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
21.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)	2,864,436	XXX	XXX	2,864,436	XXX	1,432	XXX	4,583	XXX	9,453
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	7,322,216	XXX	XXX	7,322,216	XXX	1,432	XXX	4,583	XXX	9,453

**ASSET VALUATION RESERVE (Continued)**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**DEFAULT COMPONENT**

Line Num- ber	NAIC Desig- nation	Description	1  Book/Adjusted Carrying Value	2  Reclassify Related Party Encumbrances	3  Add Third Party Encumbrances	4  Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5  Factor	6  Amount (Cols.4 x 5)	7  Factor	8  Amount (Cols. 4 x 7)	9  Factor	10  Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality .....			XXX	0	0.0011	0	0.0057	0	0.0074	0
36.		Farm Mortgages - CM2 - High Quality .....			XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm Mortgages - CM3 - Medium Quality .....			XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm Mortgages - CM4 - Low Medium Quality .....			XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm Mortgages - CM5 - Low Quality .....			XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0003	0	0.0007	0	0.0011	0
41.		Residential Mortgages - All Other .....			XXX	0	0.0015	0	0.0034	0	0.0046	0
42.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality .....			XXX	0	0.0011	0	0.0057	0	0.0074	0
44.		Commercial Mortgages - All Other - CM2 - High Quality .....			XXX	0	0.0040	0	0.0114	0	0.0149	0
45.		Commercial Mortgages - All Other - CM3 - Medium Quality .....			XXX	0	0.0069	0	0.0200	0	0.0257	0
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality .....			XXX	0	0.0120	0	0.0343	0	0.0428	0
47.		Commercial Mortgages - All Other - CM5 - Low Quality .....			XXX	0	0.0183	0	0.0486	0	0.0628	0
		Overdue, Not in Process:										
48.		Farm Mortgages .....			XXX	0	0.0480	0	0.0868	0	0.1371	0
49.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Residential Mortgages - All Other .....			XXX	0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial Mortgages - All Other .....			XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure:										
53.		Farm Mortgages .....			XXX	0	0.0000	0	0.1942	0	0.1942	0
54.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Residential Mortgages - All Other .....			XXX	0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial Mortgages - All Other .....			XXX	0	0.0000	0	0.1942	0	0.1942	0
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
59.		Schedule DA Mortgages			XXX	0	0.0034	0	0.0114	0	0.0149	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE  
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS  
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public .....		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
2.		Unaffiliated - Private .....		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
3.		Federal Home Loan Bank .....		XXX	XXX	0	0.0000	0	0.0061	0	0.0097	0
4.		Affiliated - Life with AVR .....	9,283,439	XXX	XXX	9,283,439	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations .....				0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality .....				0	XXX		XXX		XXX	
7.		Fixed Income - High Quality .....				0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality .....				0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality .....				0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality .....				0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default .....				0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public .....				0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
13.		Unaffiliated Common Stock - Private .....				0	0.0000	0	0.1945	0	0.1945	0
14.		Real Estate .....				0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual) .....		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16.		Affiliated - All Other .....		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
17.		Total Common Stock (Sum of Lines 1 through 16)	9,283,439	0	0	9,283,439	XXX	0	XXX	0	XXX	0
REAL ESTATE												
18.		Home Office Property (General Account only) .....				0	0.0000	0	0.0912	0	0.0912	0
19.		Investment Properties .....				0	0.0000	0	0.0912	0	0.0912	0
20.		Properties Acquired in Satisfaction of Debt .....				0	0.0000	0	0.1337	0	0.1337	0
21.		Total Real Estate (Sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest Quality .....		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
24.	2	High Quality .....		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25.	3	Medium Quality .....		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26.	4	Low Quality .....		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27.	5	Lower Quality .....		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28.	6	In or Near Default .....		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

**ASSET VALUATION RESERVE (Continued)**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**EQUITY AND OTHER INVESTED ASSET COMPONENT**

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality .....		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
31.	2	High Quality .....		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
32.	3	Medium Quality .....		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
33.	4	Low Quality .....		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
34.	5	Lower Quality .....		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
35.	6	In or Near Default .....		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
36.		Affiliated Life with AVR .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality .....			XXX	0	0.0011	0	0.0057	0	0.0074	0
39.		Mortgages - CM2 - High Quality .....			XXX	0	0.0040	0	0.0114	0	0.0149	0
40.		Mortgages - CM3 - Medium Quality .....			XXX	0	0.0069	0	0.0200	0	0.0257	0
41.		Mortgages - CM4 - Low Medium Quality .....			XXX	0	0.0120	0	0.0343	0	0.0428	0
42.		Mortgages - CM5 - Low Quality .....			XXX	0	0.0183	0	0.0486	0	0.0628	0
43.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0003	0	0.0007	0	0.0011	0
44.		Residential Mortgages - All Other .....		XXX	XXX	0	0.0015	0	0.0034	0	0.0046	0
45.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0003	0	0.0007	0	0.0011	0
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages .....			XXX	0	0.0480	0	0.0868	0	0.1371	0
47.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0006	0	0.0014	0	0.0023	0
48.		Residential Mortgages - All Other .....			XXX	0	0.0029	0	0.0066	0	0.0103	0
49.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Commercial Mortgages - All Other .....			XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages .....			XXX	0	0.0000	0	0.1942	0	0.1942	0
52.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0000	0	0.0046	0	0.0046	0
53.		Residential Mortgages - All Other .....			XXX	0	0.0000	0	0.0149	0	0.0149	0
54.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Commercial Mortgages - All Other .....			XXX	0	0.0000	0	0.1942	0	0.1942	0
56.		Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57.		Unaffiliated - In Good Standing With Covenants .....			XXX	0	(c)	0	(c)	0	(c)	0
58.		Unaffiliated - In Good Standing Defeased With Government Securities .....			XXX	0	0.0011	0	0.0057	0	0.0074	0
59.		Unaffiliated - In Good Standing Primarily Senior .....			XXX	0	0.0040	0	0.0114	0	0.0149	0
60.		Unaffiliated - In Good Standing All Other .....			XXX	0	0.0069	0	0.0200	0	0.0257	0
61.		Unaffiliated - Overdue, Not in Process .....			XXX	0	0.0480	0	0.0868	0	0.1371	0
62.		Unaffiliated - In Process of Foreclosure .....			XXX	0	0.0000	0	0.1942	0	0.1942	0
63.		Total Unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	XXX	0



**ASSET VALUATION RESERVE (Continued)**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**EQUITY AND OTHER INVESTED ASSET COMPONENT**

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65.		Unaffiliated Public .....		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
66.		Unaffiliated Private .....		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
67.		Affiliated Life with AVR .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual) .....		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
69.		Affiliated Other - All Other .....		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home Office Property (General Account only) .....				0	0.0000	0	0.0912	0	0.0912	0
72.		Investment Properties .....				0	0.0000	0	0.0912	0	0.0912	0
73.		Properties Acquired in Satisfaction of Debt .....				0	0.0000	0	0.1337	0	0.1337	0
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75.		Guaranteed Federal Low Income Housing Tax Credit .....	0			0	0.0003	0	0.0006	0	0.0010	0
76.		Non-guaranteed Federal Low Income Housing Tax Credit .....	0			0	0.0063	0	0.0120	0	0.0190	0
77.		Guaranteed State Low Income Housing Tax Credit .....	0			0	0.0003	0	0.0006	0	0.0010	0
78.		Non-guaranteed State Low Income Housing Tax Credit .....	0			0	0.0063	0	0.0120	0	0.0190	0
79.		All Other Low Income Housing Tax Credit .....	0			0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
ALL OTHER INVESTMENTS												
81.		NAIC 1 Working Capital Finance Investments .....		XXX		0	0.0000	0	0.0042	0	0.0042	0
82.		NAIC 2 Working Capital Finance Investments .....		XXX		0	0.0000	0	0.0137	0	0.0137	0
83.		Other Invested Assets - Schedule BA .....		XXX		0	0.0000	0	0.1580	0	0.1580	0
84.		Other Short-Term Invested Assets - Schedule DA .....		XXX		0	0.0000	0	0.1580	0	0.1580	0
85.		Total All Other (Sum of Lines 81, 82, 83 and 84) .....	0	XXX	0	0	XXX	0	XXX	0	XXX	0
86.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	0	0	0	0	XXX	0	XXX	0	XXX	0

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).  
(b) Determined using the same factors and breakdowns used for directly owned real estate.  
(c) This will be the factor associated with the risk category determined in the company generated worksheet.

Asset Valuation Reserve - Replications (Synthetic) Assets  
**N O N E**

Schedule F - Claims  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written .....	2,984,848	XXX	12,386	XXX		XXX	19,006	XXX		XXX	2,953,456	XXX		XXX		XXX		XXX
2. Premiums earned .....	2,827,262	XXX	12,433	XXX		XXX	19,677	XXX		XXX	2,795,152	XXX		XXX		XXX		XXX
3. Incurred claims .....	1,730,524	61.2	7,997	64.3	0	0.0	8,540	43.4	0	0.0	1,713,987	61.3	0	0.0	0	0.0	0	0.0
4. Cost containment expenses .....	2,173	0.1		0.0		0.0		0.0		0.0	2,173	0.1		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4) .....	1,732,697	61.3	7,997	64.3	0	0.0	8,540	43.4	0	0.0	1,716,160	61.4	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves .....	3,486	0.1	6,188	49.8	0	0.0	0	0.0	0	0.0	(2,702)	(0.1)	0	0.0	0	0.0	0	0.0
7. Commissions (a) .....	207,468	7.3	(9)	(0.1)		0.0	(2,954)	(15.0)		0.0	210,431	7.5		0.0		0.0		0.0
8. Other general insurance expenses .....	1,313,246	46.4	1,440	11.6		0.0	1,873	9.5		0.0	1,309,933	46.9		0.0		0.0		0.0
9. Taxes, licenses and fees .....	139,124	4.9	250	2.0		0.0	452	2.3		0.0	138,324	4.9	98	0.0		0.0		0.0
10. Total other expenses incurred .....	1,659,838	58.7	1,681	13.5	0	0.0	(629)	(3.2)	0	0.0	1,658,688	59.3	98	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions .....	8,776	0.3	3	0.0	0	0.0	11	0.1	0	0.0	8,762	0.3	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds .....	(577,534)	(20.4)	(3,436)	(27.6)	0	0.0	11,755	59.7	0	0.0	(585,755)	(21.0)	(98)	0.0	0	0.0	0	0.0
13. Dividends or refunds .....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds .....	(577,534)	(20.4)	(3,436)	(27.6)	0	0.0	11,755	59.7	0	0.0	(585,755)	(21.0)	(98)	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																		
1101. Increase in Loading .....	1,220	0.0	(5)	0.0		0.0		0.0		0.0	1,225	0.0		0.0		0.0		0.0
1102. Tax Penalties .....	7,465	0.3	8	0.1		0.0	11	0.1		0.0	7,446	0.3		0.0		0.0		0.0
1103. Express Script Rebates .....	91	0.0		0.0		0.0		0.0		0.0	91	0.0		0.0		0.0		0.0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	8,776	0.3	3	0.0	0	0.0	11	0.1	0	0.0	8,762	0.3	0	0.0	0	0.0	0	0.0

(a) Includes \$ ..... reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
<b>PART 2. - RESERVES AND LIABILITIES</b>									
A. Premium Reserves:									
1. Unearned premiums .....	320,904	58		1,271		319,575			
2. Advance premiums .....	265,071	246		467		264,358			
3. Reserve for rate credits .....	0								
4. Total premium reserves, current year .....	585,975	304	0	1,738	0	583,933	0	0	0
5. Total premium reserves, prior year .....	187,580	551	0	2,822	0	184,207	0	0	0
6. Increase in total premium reserves .....	398,395	(247)	0	(1,084)	0	399,726	0	0	0
B. Contract Reserves:									
1. Additional reserves (a) .....	151,393	35,450				115,943			
2. Reserve for future contingent benefits .....	0								
3. Total contract reserves, current year .....	151,393	35,450	0	0	0	115,943	0	0	0
4. Total contract reserves, prior year .....	147,907	29,262	0	0	0	118,645	0	0	0
5. Increase in contract reserves .....	3,486	6,188	0	0	0	(2,702)	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year .....	305,889	2,104	0	1,107	0	302,678	0	0	0
2. Total prior year .....	164,109	2,216	0	1,334	0	160,559	0	0	0
3. Increase .....	141,780	(112)	0	(227)	0	142,119	0	0	0

<b>PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES</b>									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year .....	113,977	480		466		113,031			
1.2 On claims incurred during current year .....	1,474,767	7,629		8,301		1,458,837			
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year .....	4,852					4,852			
2.2 On claims incurred during current year .....	301,037	2,104		1,107		297,826			
3. Test:									
3.1 Lines 1.1 and 2.1 .....	118,829	480	0	466	0	117,883	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year .....	164,109	2,216	0	1,334	0	160,559	0	0	0
3.3 Line 3.1 minus Line 3.2 .....	(45,280)	(1,736)	0	(868)	0	(42,676)	0	0	0

<b>PART 4. - REINSURANCE</b>									
A. Reinsurance Assumed:									
1. Premiums written .....	0								
2. Premiums earned .....	0								
3. Incurred claims .....	0								
4. Commissions .....	0	0	0						
B. Reinsurance Ceded:									
1. Premiums written .....	842,496	5,890		17,287		808,268	11,051		
2. Premiums earned .....	855,557	6,208		17,958		820,320	11,071		
3. Incurred claims .....	478,997	4,248		8,823		472,479	(6,553)		
4. Commissions .....	85,648	1,140	0	2,954		81,554			

(a) Includes \$ ..... premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

**SCHEDULE H - PART 5 - HEALTH CLAIMS**

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims .....	(11,295)	26,598	2,194,221	2,209,524
2. Beginning Claim Reserves and Liabilities .....	11,295	3,634	249,608	264,537
3. Ending Claim Reserves and Liabilities .....		3,264	381,318	384,582
4. Claims Paid	0	26,968	2,062,511	2,089,479
B. Assumed Reinsurance:				
5. Incurred Claims.....				0
6. Beginning Claim Reserves and Liabilities .....	0	0	0	0
7. Ending Claim Reserves and Liabilities .....				0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....	(11,295)	12,231	478,065	479,001
10. Beginning Claim Reserves and Liabilities .....	11,295	1,764	228,827	241,886
11. Ending Claim Reserves and Liabilities .....		1,579	203,693	205,272
12. Claims Paid	0	12,416	503,199	515,615
D. Net:				
13. Incurred Claims.....	0	14,367	1,716,156	1,730,523
14. Beginning Claim Reserves and Liabilities .....	0	1,870	20,781	22,651
15. Ending Claim Reserves and Liabilities .....	0	1,685	177,625	179,310
16. Claims Paid	0	14,552	1,559,312	1,573,864
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses .....		14,367	1,718,329	1,732,696
18. Beginning Reserves and Liabilities .....	0	1,870	21,640	23,510
19. Ending Reserves and Liabilities .....		1,685	177,625	179,310
20. Paid Claims and Cost Containment Expenses	0	14,552	1,562,344	1,576,896

Schedule S - Part 1 - Section 1  
**N O N E**

Schedule S - Part 1 - Section 2  
**N O N E**

## SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0	0
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	OL	10,152,665	1,472,684	1,495,687	281,463				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	FA	0	3,626,644	3,665,968	46,744				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Co of America	FL	CO/I	FA	0	3,618,905	3,689,221	46,744				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Co of America	FL	OTH/I	OL	7,449,166	628,859	616,576	111,879				
88099	75-1608507	10/12/2004	Optimum Re	TX	YRT/I	OL	898,650	5,474	5,039	4,635				
82627	06-0839705	01/01/2005	Swiss Re Life & Health	MO	CO/I	OL	7,761,214	264,319	262,937	20,777				
71404	47-0463747	01/01/2006	Continental General Insurance Comapny	TX	CO/I	FA	0	320,879	323,582	11,302				
71404	47-0463747	01/01/2006	Continental General Insurance Comapny	TX	CO/I	OL	1,062,380	31,606	15,921	6,110				
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA	CO/G	OL	0	0	0	61				
0899999. General Account - Authorized U.S. Non-Affiliates							27,324,075	9,969,370	10,074,931	529,715	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							27,324,075	9,969,370	10,074,931	529,715	0	0	0	0
1199999. Total General Account Authorized							27,324,075	9,969,370	10,074,931	529,715	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction, and Certified							27,324,075	9,969,370	10,074,931	529,715	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0	0



SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance	
								9	10		12	13			
								Current Year	Prior Year		Current Year	Prior Year			
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)								27,324,075	9,969,370	10,074,931	529,715	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)								0	0	0	0	0	0	0	0
9999999 - Totals								27,324,075	9,969,370	10,074,931	529,715	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
NAIC Company Code	ID Number	Effective Date	Name of Company	Domi- ciliary Juris- diction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	11	12	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
										Current Year	Prior Year		
0399999	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0
0699999	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
0799999	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/G	A	12	33	0				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/G	D	5,726	24	0				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/G	SD	152	0	0				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/G	LTDI	0	0	36,825				
88340	59-2859797	01/01/1998	Hannover Life Reassurance Company of Ame	FL	OTH/G	LTDI	0	0	2,751				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/I	A	330	0	56,975				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/I	LTDI	0	0	0				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/I	MS	783,783	55,878	7,096				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/I	SD	19,965	3,875	23,128				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/I	D	17,287	1,266	0				
88340	59-2859797	01/01/1998	Hannover Life Reassurance Company of Ame	FL	OTH/I	SD	3,523	1,079	0				
67679	23-1609793	08/01/2006	American Republic Insurance Company	IA	OTH/I	CMM	11,051	133	0				
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/I	MS	504	0	0				
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/I	SD	163	0	0				
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/G	MS	0	0	0				
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/G	LTDI	0	0	0				
62235	01-0278678	01/01/1994	UNUM Life Insurance Company	ME	OTH/G	LTDI	0	0	16,508				
0899999. General Account - Authorized U.S. Non-Affiliates							842,496	62,288	143,283	0	0	0	0
00000	AA-1122000	07/01/2019	Lloyds of London	GBR	CAT/G	OM	18						
00000	AA-1122000	07/01/2019	Lloyds of London	GBR	CAT/G	A	20						
0999999. General Account - Authorized Non-U.S. Non-Affiliates							38	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							842,534	62,288	143,283	0	0	0	0
1199999. Total General Account Authorized							842,534	62,288	143,283	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							842,534	62,288	143,283	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							842,496	62,288	143,283	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							38	0	0	0	0	0	0
9999999 - Totals							842,534	62,288	143,283	0	0	0	0

Schedule S - Part 4  
**N O N E**

Schedule S - Part 4 - Bank Footnote  
**N O N E**

Schedule S - Part 5  
**N O N E**

Schedule S - Part 5 - Bank Footnote  
**N O N E**

**SCHEDULE S - PART 6**  
Five Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts .....	1,372	1,550	1,786	2,108	2,397
2. Commissions and reinsurance expense allowances .....	97	117	144	180	229
3. Contract claims .....	1,035	1,171	1,319	1,897	1,396
4. Surrender benefits and withdrawals for life contracts .....					
5. Dividends to policyholders and refunds to members .....					
6. Reserve adjustments on reinsurance ceded .....	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts .....					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected .....	357	394	455	522	584
9. Aggregate reserves for life and accident and health contracts .....	10,175	10,295	10,566	11,314	11,551
10. Liability for deposit-type contracts .....	27	29	31	9	9
11. Contract claims unpaid .....	222	232	381	221	587
12. Amounts recoverable on reinsurance .....	127	155	171	224	223
13. Experience rating refunds due or unpaid .....					
14. Policyholders' dividends and refunds to members (not included in Line 10) .....					
15. Commissions and reinsurance expense allowances due .....					
16. Unauthorized reinsurance offset .....	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers .....		0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L) .....	0	0	0	0	0
20. Trust agreements (T) .....	0	0	0	0	0
21. Other (O) .....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust .....		0	0	0	0
23. Funds deposited by and withheld from (F) .....		0	0	0	0
24. Letters of credit (L) .....		0	0	0	0
25. Trust agreements (T) .....		0	0	0	0
26. Other (O) .....		0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	17,008,792		17,008,792
2. Reinsurance (Line 16) .....	150,376	(150,376)	0
3. Premiums and considerations (Line 15) .....	(180,782)	356,887	176,105
4. Net credit for ceded reinsurance .....	XXX	10,164,415	10,164,415
5. All other admitted assets (balance) .....	122,572		122,572
6. Total assets excluding Separate Accounts (Line 26) .....	17,100,958	10,370,926	27,471,883
7. Separate Account assets (Line 27) .....	0		0
8. Total assets (Line 28) .....	17,100,958	10,370,926	27,471,883
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2) .....	473,671	10,148,613	10,622,284
10. Liability for deposit-type contracts (Line 3) .....	0		0
11. Claim reserves (Line 4) .....	304,511	222,313	526,824
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7) .....	0		0
13. Premium & annuity considerations received in advance (Line 8) .....	265,071		265,071
14. Other contract liabilities (Line 9) .....	5,674		5,674
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) .....	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) .....	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount) .....	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) .....	0		0
19. All other liabilities (balance) .....	1,194,034		1,194,034
20. Total liabilities excluding Separate Accounts (Line 26) .....	2,242,962	10,370,926	12,613,887
21. Separate Account liabilities (Line 27) .....			0
22. Total liabilities (Line 28) .....	2,242,962	10,370,926	12,613,887
23. Capital & surplus (Line 38) .....	14,857,997	XXX	14,857,997
24. Total liabilities, capital & surplus (Line 39) .....	17,100,959	10,370,926	27,471,884
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves .....	10,148,613		
26. Claim reserves .....	222,313		
27. Policyholder dividends/reserves .....	0		
28. Premium & annuity considerations received in advance .....	0		
29. Liability for deposit-type contracts .....	0		
30. Other contract liabilities .....	0		
31. Reinsurance ceded assets .....	150,376		
32. Other ceded reinsurance recoverables .....	0		
33. Total ceded reinsurance recoverables .....	10,521,302		
34. Premiums and considerations .....	356,887		
35. Reinsurance in unauthorized companies .....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers .....	0		
37. Reinsurance with Certified Reinsurers .....	0		
38. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
39. Other ceded reinsurance payables/offsets .....	0		
40. Total ceded reinsurance payable/offsets .....	356,887		
41. Total net credit for ceded reinsurance .....	10,164,415		

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only				
			1	2	3	4	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama .....	AL	16,270	2,200			18,470
2.	Alaska .....	AK	710	.0			710
3.	Arizona .....	AZ	6,011	.0			6,011
4.	Arkansas .....	AR	5,302	.0			5,302
5.	California .....	CA	12	.0			12
6.	Colorado .....	CO	1,016	.0			1,016
7.	Connecticut .....	CT	0	.0			0
8.	Delaware .....	DE	413	.0			413
9.	District of Columbia .....	DC	0	.0			0
10.	Florida .....	FL	2,995	.0			2,995
11.	Georgia .....	GA	114	.0			114
12.	Hawaii .....	HI	0	.0			0
13.	Idaho .....	ID	265	.0			265
14.	Illinois .....	IL	15,819	.0			15,819
15.	Indiana .....	IN	41,144	9,374			50,518
16.	Iowa .....	IA	1,906	.0			1,906
17.	Kansas .....	KS	25,040	1,200			26,240
18.	Kentucky .....	KY	1,025	.0			1,025
19.	Louisiana .....	LA	301	.0			301
20.	Maine .....	ME	0	.0			0
21.	Maryland .....	MD	1,633	.0			1,633
22.	Massachusetts .....	MA	0	.0			0
23.	Michigan .....	MI	6,587	11,302			17,889
24.	Minnesota .....	MN	0	.0			0
25.	Mississippi .....	MS	815	.0			815
26.	Missouri .....	MO	20,373	.0			20,373
27.	Montana .....	MT	0	.0			0
28.	Nebraska .....	NE	0	.0			0
29.	Nevada .....	NV	600	.0			600
30.	New Hampshire .....	NH	0	.0			0
31.	New Jersey .....	NJ	0	.0			0
32.	New Mexico .....	NM	0	.0			0
33.	New York .....	NY	1,096	.0			1,096
34.	North Carolina .....	NC	82,433	.0			82,433
35.	North Dakota .....	ND	726	.0			726
36.	Ohio .....	OH	73,048	77,214			150,262
37.	Oklahoma .....	OK	3,202	.0			3,202
38.	Oregon .....	OR	0	.0			0
39.	Pennsylvania .....	PA	6,943	3,500			10,443
40.	Rhode Island .....	RI	0	.0			0
41.	South Carolina .....	SC	16,532	.0			16,532
42.	South Dakota .....	SD	632	.0			632
43.	Tennessee .....	TN	11,529	.0			11,529
44.	Texas .....	TX	18,323	.0			18,323
45.	Utah .....	UT	2,481	.0			2,481
46.	Vermont .....	VT	0	.0			0
47.	Virginia .....	VA	52,613	.0			52,613
48.	Washington .....	WA	0	.0			0
49.	West Virginia .....	WV	7,280	.0			7,280
50.	Wisconsin .....	WI	0	.0			0
51.	Wyoming .....	WY	0	.0			0
52.	American Samoa .....	AS	0	.0			0
53.	Guam .....	GU	0	.0			0
54.	Puerto Rico .....	PR	0	.0			0
55.	U.S. Virgin Islands .....	VI	0	.0			0
56.	Northern Mariana Islands .....	MP	0	.0			0
57.	Canada .....	CAN	0	.0			0
58.	Aggregate Other Alien .....	OT	0	.0			0
59.	Total		425,189	104,790	0	0	529,979

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		00-0000000				222 Main Street CARING GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-4671745				222 Main Street Investors LP	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		82-4794800				9171 Wilshire CPI-CII LLC	DE	NIA	CPI-CII 9171 Wilshire JV LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		11-3358535				Accredo Health Group, Inc.	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		55-0894449				Accredo Health, Incorporated	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		13-3888838				AHG of New York, Inc.	NY	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		75-3040465				Airport Holdings, LLC	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		35-2562415				Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		85-0909305				Alegis Care Services of Colorado, LLC	CO	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-0400550				Allegiance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		03-0507057				Allegiance Care Management, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		71-0916514				Allegiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	12814	20-4433475				Allegiance Life & Health Insurance Company	MT	IA	Benefit Management Corp.	Ownership	95.000	Cigna Corporation	N	
.0901	Cigna Group		26-2201582				Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-3851464				Allegiance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		82-3315524				Arbor Heights Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		46-4080861				AristaMD, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	11.100	Cigna Corporation	N	
.0901	Cigna Group		86-3581583				Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Ascent Health Services LLC	DE	NIA	Cigna Spruce Holdings GmbH	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		81-0585518				Benefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-2650133				Berewick Apartments LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		43-1815573				Biopartners in Care, Inc.	MO	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1522976				Blodgett & Hazard Limited	GBR	NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	10095	52-2259087				Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11524	52-2363406				Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-1713977				Brighter, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-4918521				Buoy Health, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	12.200	Cigna Corporation	N	
.0901	Cigna Group		61-1162797				Care Continuum, Inc.	KY	NIA	SpectraCare Health Care Ventures, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		85-0954556				CareAllies Accountable Care Collaborative LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		85-0935554				CareAllies Accountable Care Network LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		26-0180898				CareAllies, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-2760646				CareAllies, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		14-1831391				CareCore National, LLC	NY	NIA	MedSolutions Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	10144	20-1089572				CareCore NJ, LLC	NJ	IA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-2681649				CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-1400586				CARING 18th & Salmon Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-2562994				CARING 500 Ygnacio Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		84-1960231				CARING 3130 Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-2318410				CARING 9171 Wilshire Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-2851501				CARING Alta Englewood Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	



SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
0901	Cigna Group		85-2966766				CARING Alta Leander Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2563284				CARING Alta Woodson Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		85-2966766				CARING Avondale Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		32-0570889				CARING Capitol Hill GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		37-1903297				CARING Capitol Hill LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2851364				CARING Century Plaza Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2318370				CARING Dulles Town Center Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-3701937				CARING Firestone Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						CARING JA Lofts Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						CARING JA Lofts Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2318233				CARING Heights at Bear Creek Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-1400482				CARING Hillcrest Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		84-4410554				CARING IBP Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		85-1961034				CARING Interbay Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		85-1984627				CARING Interbay Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2339522				CARING Mallory Square Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2563138				CARING Soma Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2633790				CARING Alexan Enclave Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2633886				CARING Orange Collection Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-8294933				CARING South Coast Subsidiary LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		38-4085763				CARING Westcore Holding Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-3923178				CARING XR International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-4317078				CARING XR 2 International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		84-1843578				CGGL XR 2 International JV LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		84-1843578				CGGL XR 2 International Mezz LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		45-2604992				CCN NMO, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		33-1039759				CCN-INVY IPA, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332403				CG Individual Tax Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332405				CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		84-2083351				CG-AQ 477 South Market Street LLC	.DE	NIA	CARING Firestone Investor LLC	Ownership	85.000	Cigna Corporation	.N	
.0901	Cigna Group		84-4773972				CG-LEDO IBP Venture LLC	.DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-4747045				CG-LEDO IBP I LLC	.DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-4755025				CG-LEDO IBP II LLC	.DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		83-2993316				CG-Muller 550 Winchester, LLC	.DE	NIA	CARING Century Plaza Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		45-5499889				CG Seventh Street, LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	.N	
.0901	Cigna Group		82-1280312				CG/Wood Alta 601, LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		85-2233381				CG/Wood Alta Leander Station, LLC	.DE	NIA	CARING Alta Leander Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		81-3281922				CGGL Chapman LLC	.DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		81-3313562				CGGL City Parkway LLC	.DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		61-1797835				CGGL Orange Collection LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				CGGL Orange Collection Mezz LLC	.DE	NIA	CARING Orange Collection Investor LLC	Ownership	100.000	Cigna corporation	.N	
.0901	Cigna Group		84-1921719				CGGL XR International LLC	.DE	NIA	CARING XR International Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-1843578				CGGL XR 2 International LLC	.DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				CGO Participatos LTDA	.BRA	NIA	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation	.N	
.0901	Cigna Group		59-3466707				Chiro Alliance Corporation	.FL	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		81-3389374				CIG-LEI Ygnacio Associates LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		82-4774243				CI-GS Portland, LLC	.DE	NIA	CARING 18th & Salmon Investor LLC	Ownership	86.200	cigna Corporation	.N	
.0901	Cigna Group		82-1612980				CI-GS Hillcrest LLC	.DE	NIA	CARING Hillcrest Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna & CMB Asset Management Company Limited	.CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	87.350	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna & CMB Health Services Company, Ltd.	.CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna & CMB Life Insurance Company Limited	.CHN	IA	Cigna Health and Life Insurance Company	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				CIGNA 2000 UK Pension LTD	.GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-5402196				Cigna Affiliates Realty Investment Group, LLC	.DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Alder Holdings, LLC	.DE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Apac Holdings, Ltd.	.BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	13733	03-0452349				Cigna Arbor Life Insurance Company	.CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1181787				Cigna Beechwood Holdings	.BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	.N	
.0901	Cigna Group		94-3107309				Cigna Behavioral Health of California, Inc.	.CA	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		75-2751090				Cigna Behavioral Health of Texas, Inc.	.TX	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		41-1648670				Cigna Behavioral Health, Inc.	.MN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Bellevue Alpha LLC	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		02-0515554				Cigna Benefit Technology Solutions, Inc.	.DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		01-0947889		0001489070		Cigna Benefits Financing, Inc.	.DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Brokerage & Marketing (Thailand) Limited	.THA	NIA	RHP Thailand Limited	Ownership	53.250	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Cedar Holdings, Ltd.	.MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1137759				Cigna Chestnut Holdings, Ltd.	.GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-3396038				Cigna Corporate Services, LLC	.DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		82-4991898		1739940	US	Cigna Corporation (A Delaware corporation and ultimate parent company)	.DE	UIP	Publicly Traded	Ownership	100.000	Publicly Traded	.N	
.0901	Cigna Group		00-0000000				Cigna Data Services (Shanghai) Company Limited	.CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		59-2600475				Cigna Dental Health Of California, Inc.	.CA	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	11175	59-2675861				Cigna Dental Health Of Colorado, Inc.	.CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95380	59-2676987				Cigna Dental Health Of Delaware, Inc.	.DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	52021	59-1611217				Cigna Dental Health Of Florida, Inc.	.FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		06-1351097				Cigna Dental Health of Illinois, Inc.	IL	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52024	59-2625350				Cigna Dental Health Of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52108	59-2619589				Cigna Dental Health Of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	48119	20-2844020				Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11160	06-1582068				Cigna Dental Health Of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11167	59-2308062				Cigna Dental Health Of New Jersey, Inc.	NJ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95179	56-1803464				Cigna Dental Health Of North Carolina, Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	47805	59-2579774				Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95037	59-2676977				Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52617	52-2188914				Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	47013	86-0807222				Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		59-2308055				Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		58-1136865				Cigna Direct Marketing Company, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-1155943				Cigna Elmwood Holdings, SPRL	BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Europe Insurance Company S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.999	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna European Services (UK) Limited	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		62-1724116				Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Finans Emeklilik Ve Hayat A.S.	TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership	51.000	Cigna Corporation	N	
.0901	Cigna Group		51-0389196				Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		68-0676638				Cigna Global Insurance Company Limited	GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	99.990	Cigna Corporation	N	
.0901	Cigna Group		98-0210110				Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group						Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation	N	
.0901	Cigna Group						Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
							Connecticut General Life Insurance Company								
.0901	Cigna Group	67369	59-1031071				Cigna Health and Life Insurance Company	CT	UDP		Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		62-1312478				Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-1728483				Cigna Health Management, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Health Solution India Pvt. Ltd.	IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.900	Cigna Corporation	N	
.0901	Cigna Group		23-2741293				Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		84-0985843				Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95599	52-1404350				Cigna HealthCare Mid-Atlantic, Inc.	MD	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95125	86-0334392				Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		95-3310115				Cigna HealthCare of California, Inc.	CA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95604	84-1004500				Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95660	06-1141174				Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95136	59-2089259				Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95477	01-0418220				Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95220	02-0402111				Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95121	23-2301807				Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95518	62-1230908				Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0495422				Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
							Cigna HLA Technology Services Company Limited								
.0901	Cigna Group		00-0000000					HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0901	Cigna Group		06-1059331				Cigna Holding Company	.DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-3009279				Cigna Holdings Overseas, Inc.	.DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1072796				Cigna Holdings, Inc.	.DE	UIP	Cigna Holding Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Hong Kong Holdings Company Limited	.HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-1903785				Cigna Insurance Agency, LLC	.CT	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
							Cigna Insurance Management Services (DIFC), Ltd.	.ARE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Insurance Middle East S.A.L.	.LBN	IA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Insurance Public Company Limited	.THA	IA	KDM Thailand Limited	Ownership	75.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Insurance Services (Europe) Limited	.GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-2924152				Cigna Integratedcare, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		51-0402128				Cigna Intellectual Property, Inc.	.DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		51-0111677				Cigna International Corporation, Inc.	.DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		52-0291385				Cigna International Finance, Inc.	.DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	.N	
							Cigna International Health Services Kenya Limited	.KEN	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	.N	
							Cigna International Health Services Sdn. Bhd.	.MYS	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna International Health Services, BVBA	.BEL	NIA	Cigna Elmwood Holdings, Ltd.	Ownership	51.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna International Health Services, LLC	.FL	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	.N	
							Cigna International Marketing (Thailand) Limited	.THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna International Services Australia Pty Ltd.	.AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-2610178				Cigna International Services, Inc.	.DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1095823				Cigna Investment Group, Inc.	.DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-0861092				Cigna Investments, Inc.	.DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	.N	
							Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)	.KOR	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1146864				Cigna Laurel Holdings, Ltd.	.BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Legal Protection U.K. Ltd.	.GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		AA-1560515				Cigna Life Insurance Company of Canada	.CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
							Cigna Life Insurance Company of Europe S.A.-N.V.	.BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	Cigna Corporation	.N	
.0901	Cigna Group		AA-1240009				Cigna Life Insurance New Zealand Limited	.NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Linden Holdings, Inc.	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	82.000	Cigna Corporation	.N	
.0901	Cigna Group		46-4110289				Cigna Magnolia Holdings, Ltd.	.BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1232512				Cigna Managed Care Benefits Company	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-2741294				Cigna Myrtle Holdings, Ltd.	.MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	74.560	Cigna Corporation	.N	
.0901	Cigna Group		98-1154657				Cigna National Health Insurance Company	.OH	RE	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	61727	34-0970995				Cigna Nederland Gamma B.V.	.NLD	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna New Zealand Holdings Limited	.NZL	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Oak Holdings, Ltd.	.GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	.N	
							Connecticut General Life Insurance Company								
.0901	Cigna Group		32-0222252				Cigna Onsite Health, LLC	.DE	NIA		Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1232443				Cigna Palmetto Holdings, Ltd.	.BMU	NIA	Cigna Laurel Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		46-4099800				Cigna Poplar Holdings, Inc.	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1071502				Cigna RE Corporation	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1567902				Cigna Resource Manager, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Spruce Holdings GmbH	.CHE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Taiwan Life Assurance Company Limited	.TWN	IA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Teak Holdings, LLC	.DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
0901	Cigna Group		00-0000000				Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	TUR	NIA	Cigna Magnolia Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-1069280				Cigna Ventures, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Walnut Holdings, Ltd.	GBR	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Willow Holdings, Ltd.	GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Worldwide General Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	90859	23-2088429				Cigna Worldwide Insurance Company	DE	IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Worldwide Life Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Claims and Risk Services Limited	SAU	IA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				ManipalCigna Health Insurance Company Limited	IND	IA	Cigna Holdings Overseas, Inc.	Ownership	49.000	TTK (non-affiliate)	N	
0901	Cigna Group		84-1461840				Community Health Network, LLC	MT	NIA	Benefit Management Corp.	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		06-1252419				Connecticut General Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-0840391				Connecticut General Corporation	CT	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	62308	06-0303370		0000023419		Connecticut General Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		82-4936006				CPI-CII 9171 Wilshire JV LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		27-3555688				CR Washington Street Investors LP	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	N	
0901	Cigna Group		47-2746692				Cricket Health, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	9.000	Cigna Corporation	N	
0901	Cigna Group		36-4369972				CuraScript, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		16-1526641				Diversified NY IPA, Inc.	NY	NIA	Diversified Pharmaceutical Services, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		41-1627938				Diversified Pharmaceutical Services, Inc.	MN	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		52-2099336				Dulles Town Center Mall, LLC	VA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		27-3542089				Econdisc Contracting Solutions, LLC	DE	NIA	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Egyptian Emirates Administration Services SAE	EGY	NIA	NAS Neuron Health Services, L.L.C.	Ownership	64.999	Cigna Corporation	N	
0901	Cigna Group						ESI Canada	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						ESI GP Canada ULC	CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1925556				ESI GP Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				ESI GP2 Canada ULC	CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		74-2974964				ESI Mail Order Processing, Inc. (f/k/a NXI)	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1867735				ESI Mail Pharmacy Service, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1925562				ESI Partnership	DE	NIA	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		41-2006555				ESI Resources, Inc.	MN	NIA	ESI Partnership	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		85-2732455				Evernorth Enterprise Services, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		85-2759151				Evernorth Sales Operations, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		85-2717903				Evernorth Strategic Development, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-4676347				eviCore 1, LLC	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		62-1615395				eviCore healthcare MSI, LLC	TN	NIA	CareCore National, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	13918	27-3175443				Express Reinsurance Company	MO	IA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		41-2063830				Express Scripts Administrators LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Express Scripts Canada Co.	CAN	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1942542				Express Scripts Canada Holding Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-1490640				Express Scripts Canada Holding, LLC	DE	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Express Scripts Canada Services	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
0901	Cigna Group						Express Scripts Canada Wholesale	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, LLC (0.1%)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		84-5003423				Express Scripts Health Information Network Partners, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-2884094				Evernorth Health, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Express Scripts Pharmaceutical Procurement, LLC	DE	NIA	Express Scripts Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-5826948				Express Scripts Pharmacy Atlantic, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Express Scripts Pharmacy Central, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Express Scripts Pharmacy Ontario, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Express Scripts Pharmacy West, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		30-0789911				Express Scripts Pharmacy, Inc.	DE	NIA	Medco Health Services, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		22-3114423				Express Scripts Sales Operations, Inc.	NJ	NIA	ESI Mail Pharmacy Service, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3126104				Express Scripts Senior Care Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Express Scripts Senior Care Holdings, Inc.			Express Scripts Senior Care Holdings, Inc.					
0901	Cigna Group		20-3126075				Express Scripts Senior Care, Inc.	DE	NIA		Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1832983				Express Scripts Services Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Express Scripts Specialty Distribution Services, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1869712				Express Scripts Strategic Development, Inc.	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		22-2230703				Express Scripts Utilization Management Company	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1869714				Express Scripts, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1420563				FirstAssist Administration Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-1914061				Former Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0523249				Freco, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3229217				Freedom Service Company, LLC	FL	NIA	Lynnfield Drug, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Gillette Ridge Community Council, Inc.	CT	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000							Connecticut General Life Insurance Company					
0901	Cigna Group		20-3700105				Gillette Ridge Golf, LLC	DE	NIA		Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95388	93-1174749				Great-West Healthcare of Illinois, Inc.	IL	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Connecticut General Life Insurance Company			Connecticut General Life Insurance Company					
0901	Cigna Group		00-0000000				GRG Acquisitions LLC	DE	NIA		Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		11-9599164				Grown Ups New Zealand Limited	NZL	NIA	Cigna Life Insurance New Zealand Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		76-0657035				GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation	N	
0901	Cigna Group						Connecticut General Life Insurance Company			Connecticut General Life Insurance Company					
0901	Cigna Group		52-2149519				Hazard Center Investment Company LLC	DE	NIA		Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Healthbridge Reimbursement & Product Support, Inc.	MA	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		04-2992335				Healthbridge, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-2159005				HealthLynx, LLC	DE	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-2086778				Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1533555				Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0467679				Healthsource, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0387748		0000855587		HealthSpring Life & Health Insurance Company, Inc.	TX	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	12902	20-8534298				HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-8647386				HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11532	65-1129599							NewQuest, LLC					
0901	Cigna Group		26-2353772				HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-2353476				HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		72-1559530				HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-1821898		0001339553		HealthSpring, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		81-4139432				Heights at Bear Creek Venture LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		20-4266628				Home Physicians Management, LLC	.DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		75-3108521				HouQuest, LLC	.DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		37-1708015				Houston Briar Forest Apartments Limited Partnership	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	.N	
.0901	Cigna Group		95-4838551				Ideal Properties II LLC	.CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	.N	
.0901	Cigna Group		35-2041388				IHN, Inc.	.IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Independent Health Information Technology Services L.L.C.	.ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		82-1655179				Innovative Product Alignment, LLC	.DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		82-0658250				Inside RX, LLC	.DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		81-0425785				Intermountain Underwriters, Inc.	.MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				International Pharmaceutical Solutions, GmbH	.CHE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3406799				JA Lofts Holdings, LLC	.DE	NIA	JA Lofts JV Limited Partnership	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3395923				JA Lofts JV Limited Partnership	.DE	NIA	CARING JA Lofts Investor LP LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Kuwait Emirates Administration Services WLL	.KWT	NIA	NAS Administrative Services Company LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				KDM (Thailand) Limited	.THA	NIA	RHP Thailand Limited	Ownership	99.900	Cigna Corporation	.N	
.0901	Cigna Group		20-8064696				Kronos Optimal Health Company	.AZ	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		47-5292506				L&C Investments, LLC	.DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		47-4375626				Lakehills OM-CG LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				LINA Financial Service	.KOR	NIA	Cigna Korea Chusik Heosa	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				LINA Life Insurance Company of Korea	.KOR	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	.OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		58-2593075				Lynnfield Compounding Center, Inc.	.FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		04-3546044				Lynnfield Drug, Inc.	.FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-1506930				MAH Pharmacy, LLC	.DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		80-0908244				Mallory Square Partners I, LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	.N	
.0901	Cigna Group		88-0241365				Managed Care Consultants, Inc.	.NV	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		51-0500147				Matrix GPO, LLC	.IN	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		59-3720653				Matrix Healthcare Services, Inc.	.FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1346406				MCC Independent Practice Association of New York, Inc.	.NY	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	34720	13-3506395				Medco Containment Insurance Company of NY	.NY	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	63762	42-1425239				Medco Containment Life Insurance Company	.PA	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-3709630				Medco Europe II, LLC	.DE	NIA	Medco Europe, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		46-2166374				Medco Europe, LLC	.DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		84-5017653				Medco Health Information Network Partners, Inc.	.DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		81-0616525				Medco Health Puerto Rico, LLC	.DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		26-3544786				Medco Health Services, Inc.	.DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		22-3461740				Medco Health Solutions, Inc.	.DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		88-0334401				Mediversal, Inc.	.NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-3801345				MedSolutions Holdings, Inc.	.DE	NIA	eviCore 1, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		32-0071543				MSI Health Organization of Texas, Inc.	.TX	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-5492993				MSI HT, LLC	.TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-5493148				MSI LT, LLC	.TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-5493321				MSI SAP-GW, LLC	.TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		86-1090522				MSIAZ I, LLC	.TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-1749733				MSICA I, LLC	.TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		20-1222347				MSICO I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		55-0840800				MSIFL, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		26-0181185				MSIMD I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		74-3122235				MSINC I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		11-3715243				MSINH II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		03-0524694				MSINH, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-1749446				MSINJ I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-1761914				MSINV I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		55-0840806				MSISC II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		26-0336736				MSIVT I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-2536458				MSIWA, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		36-4833284				MyM Technology Services, LLC	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		82-1350878				myMatrixx Holdings, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		46-2589799				myMatrixx-B, LLC	FL	NIA	Matrix Healthcare Services, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				NAS Administrative Services Company LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				NAS Neuron Health Services, L.L.C.	ARE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	34.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				NAS United SPV	CYM	NIA	NAS Neuron Health Services, L.L.C.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Neuron LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		52-1929677				NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		33-1033586				NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-4954206				NewQuest Management of Florida, LLC	FL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		77-0632665				NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		45-0633893				NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		76-0628370				NewQuest, LLC	TX	NIA	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		82-5244890				Octave Health Group, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	10.100	Cigna Corporation	.N	
.0901	Cigna Group		91-1599329				Olympic Health Management Services, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		91-1500758				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				OnePath Life (NZ) Limited	NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		80-0818758				Patient Provider Alliance, Inc.	DE	NIA	Brighter, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		35-1927379				Priority Healthcare Corporation	IN	NIA	CuraScript, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		59-3761140				Priority Healthcare Distribution, Inc.	FL	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	.N	
							Provident American Life & Health Insurance Company								
.0901	Cigna Group	67903	23-1335885				Company	OH	DS	Cigna National Health Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				PT GAR Indonesia	IDN	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation	.N	
.0901	Cigna Group		AA-5360003				PT Asuransi Cigna	IDN	IA	Cigna Worldwide Insurance Company	Ownership	99.999	Cigna Corporation	.N	
							Cigna Affiliates Realty Investment Group, LLC								
.0901	Cigna Group		45-5046449				PUR Arbors Apartments Venture LLC	DE	NIA		Ownership	87.500	Cigna Corporation	.N	
.0901	Cigna Group		23-3744987				QualCare Alliance Networks, Inc.	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
							QualCare Management Resources Limited								
.0901	Cigna Group		46-1801639				Liability Company	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		22-3129563				QualCare, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		45-5569416				QPID Health, LLC	DE	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				RHP (Thailand) Limited	THA	NIA	Cigna Apac Holdings, Ltd.	Ownership	49.000	Cigna Corporation	.N	
.0901	Cigna Group		83-1460134				Rise-CG Capitol Hill, LP	DE	NIA	CARING Capitol Hill LP LLC	Ownership	90.000	Cigna Corporation	.N	
							JA Lofts Holdings, LLC (.5%); JA Lofts JV								
.0901	Cigna Group		84-3254168				Rise-CG JA Lofts Limited Partnership	DE	NIA	Limited Partnership (99.5%)	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		35-1641636				Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	.N	
							Cigna Affiliates Realty Investment Group, LLC								
.0901	Cigna Group		46-3593103				SB-SNH LLC	DE	NIA		Ownership	85.000	Cigna Corporation	.N	
.0901	Cigna Group		22-2483867				Scibal Associates, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	.N	
							Cigna Affiliates Realty Investment Group, LLC								
.0901	Cigna Group		95-2876207				Secon Properties, LP	CA	NIA		Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)	.N	
							SOMA Apartments Venture LLC								
.0901	Cigna Group		82-1732483					DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	.N	



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		82-4405071				Specialty Products Acquisitions, LLC	.DE	.NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		61-1317695				SpectraCare Health Care Ventures, Inc.	.KY	.NIA	SpectraCare, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		61-1147068				SpectraCare, Inc.	.KY	.NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	77399	13-1867829				Sterling Life Insurance Company	.IL	.IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		47-2658932				Strategic Pharmaceutical Investments, LLC	.DE	.NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				SureScripts, LLC	.VA	.NIA	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership	33.400	Cigna Corporation	.N	
.0901	Cigna Group		22-3474888				Systemed, LLC	.DE	.NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-3074013				Tel-Drug of Pennsylvania, LLC	.PA	.NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		46-0427127				Tel-Drug, Inc.	.SD	.NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Temple Insurance Company Limited	.BMU	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-5524622				Tennessee Quest, LLC	.TN	.NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		75-3108527				TexQuest, LLC	.DN	.NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		85-1955731				The Flats at Interbay Holdings, LLC	.DE	.NIA	The Flats at Interbay JV Limited Partnership	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		85-1955075				The Flats at Interbay JV Limited Partnership	.DE	.NIA	CARING Interbay Investor LP LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		85-1962013				The Flats at Interbay Limited Partnership	.DE	.NIA	The Flats at Interbay JV Limited Partnership	Ownership	99.500	Cigna Corporation	.N	
.0901	Cigna Group		46-5264463				Trainer Rx, Inc.	.DE	.NIA	Cigna Ventures, LLC	Ownership	19.400	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Transwestern Federal, L.L.C.	.DE	.NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Transwestern Federal Holdings, L.L.C.	.DE	.NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	7.616	Cigna Corporation	.N	
.0901	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	.OH	.IA	Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		88-0344624				Universal Claims Administration	.MT	.NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		82-4410128				ValoremRx Sourcing Solutions, LLC	.DE	.NIA	Specialty Products Acquisitions, LLC (50%)	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		98-0463704				Vielife Services, Inc.	.DE	.NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Verity Solutions Group, Inc.	.DE	.NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.Y	
.0901	Cigna Group		00-0000000				Westcore CG AC, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Camelback, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Westcore CG Commerce, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Dove Valley I, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Dove Valley II, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Fountain Lakes, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Gateway, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG I-35, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Mezz, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Navy, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Potomac Park, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Solano, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Susana, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Westcore CG Venture, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		85-3567364				Westcore Realty CG Avondale, LLC	.DE	.NIA	CARING Avondale Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Willow DSP LLC	.DE	.NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				YCFM Servicios LTDA	.BRA	.NIA	Cigna Global Holdings, Inc.	Ownership	35.320	Cigna Corporation	.N	

Asterisk	Explanation

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-0000000	222 Main Street CARING GP LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	46-4671745	222 Main Street Investors LP	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	680 Investors LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	685 New Hampshire LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	82-4794800	9171 Wilshire CPI-CII LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	11-3358535	Accredo Health Group, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	55-0894449	Accredo Health, Incorporated	.0	.0	.0	.0	.0	.0		.0	.0	.0
	13-3888838	AHG of New York, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	75-3040465	Airport Holdings, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	35-2562415	Alegis Care Services, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-0909305	Alegis Care Services of Colorado, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	81-0400550	Allegiance Benefit Plan Management, Inc.	.0	.0	.0	.0	15,007,518	.0		.0	15,007,518	.0
	03-0507057	Allegiance Care Management, LLC	.0	.0	.0	.0	92,821	.0		.0	92,821	.0
	71-0916514	Allegiance COBRA Services, Inc.	.0	.0	.0	.0	605	.0		.0	605	.0
12814	20-4433475	Allegiance Life & Health Insurance Company	.0	.0	.0	.0	(1,812,762)	(383,300)		.0	(2,196,062)	31,870
	26-2201582	Allegiance Provider Direct, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	20-3851464	Allegiance Re, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
88366	59-2760189	American Retirement Life Insurance Company	(15,000,000)	(5,000,000)	.0	.0	(22,125,012)	.0		.0	(42,125,012)	.0
	82-3315524	Arbor Heights Venture LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	46-4080861	AristaMD, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	86-3581583	Arizona Health Plan, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Ascent Health Services LLC	(200,000,000)	.0	.0	.0	(64,616)	.0		.0	(200,064,616)	.0
	81-0585518	Benefit Management Corp.	(5,000,000)	.0	.0	.0	.0	.0		.0	(5,000,000)	.0
	81-2650133	Berewick Apartments LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	43-1815573	Biopartners in Care, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	06-1522976	Blodget & Hazard Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.	.0	.0	.0	.0	(25,914,803)	.0		.0	(25,914,803)	.0
11524	52-2363406	Bravo Health Pennsylvania, Inc.	(23,000,000)	.0	.0	.0	(109,766,931)	.0		.0	(132,766,931)	.0
	27-1713977	Brighter, Inc.	.0	.0	.0	.0	1,274,117	.0		.0	1,274,117	.0
	46-4918521	Buoy Health, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	61-1162797	Care Continuum, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-0954556	CareAllies Accountable Care Collaborative LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-0935554	CareAllies Accountable Care Network LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	26-0180898	CareAllies, Inc.	.0	.0	.0	.0	(1,234)	.0		.0	(1,234)	.0
	81-2760646	CareAllies, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	14-1831391	CareCore National, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
10144	20-1089572	CareCore NJ, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	45-2681649	CarePlexus, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-1400586	CARING 18th & Salmon Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-2562994	CARING 500 Ygnacio Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-1960231	CARING 3130 Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0

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NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	83-2318410	CARING 9171 Wilshire Investor LLC	0	0	0	0	0	0		0	0	0
	83-2851501	CARING Alta Englewood Investor LLC	0	0	0	0	0	0		0	0	0
	85-2966766	CARING Alta Leander Investor LLC	0	0	0	0	0	0		0	0	0
	83-2563284	CARING Alta Woodson Investor LLC	0	0	0	0	0	0		0	0	0
	85-2966766	CARING Avondale Investor LLC	0	0	0	0	0	0		0	0	0
	32-0570889	CARING Capitol Hill GP LLC	0	0	0	0	0	0		0	0	0
	37-1903297	CARING Capitol Hill LP LLC	0	0	0	0	0	0		0	0	0
	83-2851364	CARING Century Plaza Investor LLC	0	0	0	0	0	0		0	0	0
	83-2318370	CARING Dulles Town Center Investor LLC	0	0	0	0	0	0		0	0	0
	83-3701937	CARING Firestone Investor LLC	0	0	0	0	0	0		0	0	0
		CARING JA Lofts Investor LP LLC	0	0	0	0	0	0		0	0	0
		CARING JA Lofts Investor GP LLC	0	0	0	0	0	0		0	0	0
	83-2318233	CARING Heights at Bear Creek Investor LLC	0	0	0	0	0	0		0	0	0
			0	0	0	0	0	0		0	0	0
	83-1400482	CARING Hillcrest Investor LLC	0	0	0	0	0	0		0	0	0
	84-4410554	CARING IBP Investor LLC	0	0	0	0	0	0		0	0	0
	85-1961034	CARING Interbay Investor GP LLC	0	0	0	0	0	0		0	0	0
	85-1984627	CARING Interbay Investor LP LLC	0	0	0	0	0	0		0	0	0
	83-2339522	CARING Mallory Square Investor LLC	0	0	0	0	0	0		0	0	0
	83-2563138	CARING Soma Investor LLC	0	0	0	0	0	0		0	0	0
	83-2633790	CARING Alexan Enclave Investor LLC	0	0	0	0	0	0		0	0	0
	83-2633886	CARING Orange Collection Investor LLC	0	0	0	0	0	0		0	0	0
	83-8294933	CARING South Coast Subsidiary LLC	0	0	0	0	0	0		0	0	0
	38-4085763	CARING Westcore Holding Investor LLC	0	0	0	0	0	0		0	0	0
	83-3923178	CARING XR International Investor LLC	0	0	0	0	0	0		0	0	0
	83-4317078	CARING XR 2 International Investor LLC	0	0	0	0	0	0		0	0	0
	84-1843578	CGGL XR 2 International JV LLC	0	0	0	0	0	0		0	0	0
	84-1843578	CGGL XR 2 International Mezz LLC	0	0	0	0	0	0		0	0	0
	45-2604992	CCN NMO, LLC	0	0	0	0	0	0		0	0	0
	33-1039759	CCN-WNY IPA, LLC	0	0	0	0	0	0		0	0	0
	34-1970892	Ceres Sales of Ohio, LLC	0	0	0	0	(488)	0		0	(488)	0
	06-1332403	CG Individual Tax Benefit Payments, Inc.	0	0	0	0	0	0		0	0	0
	06-1332405	CG Life Pension Benefits Payments, Inc.	0	0	0	0	0	0		0	0	0
	06-1332401	CG LINA Pension Benefits Payments, Inc.	0	0	0	0	0	0		0	0	0
	84-2083351	CG-AQ 477 South Market Street LLC	0	0	0	0	0	0		0	0	0
	84-4773972	CG-LEDO IBP Venture LLC	0	0	0	0	0	0		0	0	0
	84-4747045	CG-LEDO IBP I LLC	0	0	0	0	0	0		0	0	0
	84-4755025	CG-LEDO IBP II LLC	0	0	0	0	0	0		0	0	0
	83-2993316	CG-Muller 550 Winchester, LLC	0	0	0	0	0	0		0	0	0
	45-5499889	CG Seventh Street, LLC	0	0	0	0	0	0		0	0	0
	82-1280312	CG/Wood Alta 601, LLC	0	0	0	0	0	0		0	0	0
	85-2233381	CG/Wood Alta Leander Station, LLC	0	0	0	0	0	0		0	0	0
	81-3281922	CGGL Chapman LLC	0	0	0	0	0	0		0	0	0
	81-3313562	CGGL City Parkway LLC	0	0	0	0	0	0		0	0	0

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	61-1797835	CGGL Orange Collection LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	CGGL Orange Collection Mezz LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-1921719	CGGL XR International LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-1843578	CGGL XR 2 International LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	CGO Participatos LTDA	.0	.0	.0	.0	.0	.0		.0	.0	.0
	59-3466707	Chiro Alliance Corporation	.0	.0	.0	.0	.0	.0		.0	.0	.0
	81-3389374	CIG-LEI Ygnacio Associates LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	82-4774243	CI-GS Portland, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	82-1612980	CI-GS Hillcrest LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Cigna & CMB Asset Management Company Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Cigna & CMB Health Services Company, Ltd.	.0	.0	.0	.0	.0	.0		.0	.0	.0
		Cigna & CMB Life Insurance Company Limited	(15,714,046)	.0	.0	.0	.0	.0		.0	(15,714,046)	456,882
	00-0000000	CIGNA 2000 UK Pension LTD	.0	.0	.0	.0	.0	.0		.0	.0	.0
	27-5402196	Cigna Affiliates Realty Investment Group, LLC	.0	240,081,158	.0	.0	.0	.0		.0	240,081,158	.0
	00-0000000	Cigna Alder Holdings, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Cigna Apac Holdings, Ltd.	.0	.0	.0	.0	.0	.0		.0	.0	.0
13733	03-0452349	Cigna Arbor Life Insurance Company	(5,500,000)	.0	.0	.0	(9,485)	.0		.0	(5,509,485)	.0
	98-1181787	Cigna Beechwood Holdings	.0	.0	.0	.0	.0	.0		.0	.0	.0
	94-3107309	Cigna Behavioral Health of California, Inc.	.0	.0	.0	.0	(33,353)	.0		.0	(33,353)	.0
	75-2751090	Cigna Behavioral Health of Texas, Inc.	.0	.0	.0	.0	(81,990)	.0		.0	(81,990)	.0
	41-1648670	Cigna Behavioral Health, Inc.	(85,000,000)	.0	.0	.0	(379,815,611)	.0		.0	(464,815,611)	.0
	00-0000000	Cigna Bellevue Alpha LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	02-0515554	Cigna Benefit Technology Solutions, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	01-0947889	Cigna Benefits Financing, Inc.	.0	.0	.0	.0	1,167,360	.0		.0	1,167,360	.0
	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Cigna Cedar Holdings, Ltd.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	98-1137759	Cigna Chestnut Holdings, Ltd.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	27-3396038	Cigna Corporate Services, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	82-4991898	Cigna Corporation (A Delaware corporation and ultimate parent company)	2,318,500,000	.0	.0	.0	.0	.0		.0	2,318,500,000	.0
	00-0000000	Cigna Data Services (Shanghai) Company Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
	59-2600475	Cigna Dental Health Of California, Inc.	(12,000,000)	.0	.0	.0	(120,504)	.0		.0	(12,120,504)	.0
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,700,000)	.0	.0	.0	(1,028,488)	.0		.0	(3,728,488)	.0
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.	.0	.0	.0	.0	(22,072)	.0		.0	(22,072)	.0
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(10,000,000)	.0	.0	.0	(4,392,036)	.0		.0	(14,392,036)	.0
	06-1351097	Cigna Dental Health of Illinois, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(540,000)	.0	.0	.0	(208,932)	.0		.0	(748,932)	.0

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52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(3,250,000)	.0	.0	.0	(1,298,064)	.0		.0	(4,548,064)	.0
48119	20-2844020	Cigna Dental Health Of Maryland, Inc.	(3,750,000)	.0	.0	.0	(1,112,646)	.0		.0	(4,862,646)	.0
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,582,000)	.0	.0	.0	(544,286)	.0		.0	(2,126,286)	.0
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,100,000)	.0	.0	.0	(1,733,110)	.0		.0	(2,833,110)	.0
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.	.0	.0	.0	.0	(711,417)	.0		.0	(711,417)	.0
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(1,800,000)	.0	.0	.0	(1,005,885)	.0		.0	(2,805,885)	.0
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.		.0	.0	.0		.0		.0		.0
			(1,850,000)	.0	.0	.0	(742,523)	.0		.0	(2,592,523)	.0
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(7,900,000)	.0	.0	.0	(4,664,458)	.0		.0	(12,564,458)	.0
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(2,000,000)	.0	.0	.0	(702,684)	.0		.0	(2,702,684)	.0
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.		.0	.0	.0		.0		.0		.0
			(3,200,000)	.0	.0	.0	605,726	.0		.0	(2,594,274)	.0
	59-2308055	Cigna Dental Health, Inc.	6,672,000	.0	.0	.0	32,679,293	.0		.0	39,351,293	.0
	58-1136865	Cigna Direct Marketing Company, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	98-1155943	Cigna Elmwood Holdings, SPRL	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Cigna European Services (UK) Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
	62-1724116	Cigna Federal Benefits, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Cigna Finans Emeklilik Ve Hayat A.S.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	51-0389196	Cigna Global Holdings, Inc.	(19,096,130)	144,927,800	.0	.0	(12,299)	.0		.0	125,819,371	.0
	68-0676638	Cigna Global Insurance Company Limited	.0	.0	.0	.0	(3,131)	(291,927)		.0	(295,058)	.0
	98-0210110	Cigna Global Reinsurance Company, Ltd.	(136,971,699)	.0	.0	.0	(125,772)	9,729,123		.0	(127,368,348)	(115,182,312)
		Cigna Global Wellbeing Holdings Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
		Cigna Global Wellbeing Solutions Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
67369	59-1031071	Cigna Health and Life Insurance Company	(1,715,000,000)	(282,735,774)	(1,084,457,759)	.0	235,477,856	(116,899,356)		.0	(2,963,615,033)	38,394,202
	62-1312478	Cigna Health Corporation	(29,000,000)	.0	.0	.0	45,957,249	.0		.0	16,957,249	.0
	23-1728483	Cigna Health Management, Inc.	.0	.0	.0	.0	63,598,943	110,234,514		.0	173,833,457	.0
	00-0000000	Cigna Health Solution India Pvt. Ltd.	.0	.0	.0	.0	352,974	.0		.0	352,974	.0
	23-2741293	Cigna Healthcare Benefits, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-0985843	Cigna Healthcare Holdings, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
95125	86-0334392	Cigna HealthCare of Arizona, Inc.	.0	7,000,000	.0	.0	(12,135,018)	(360,762)		.0	(5,495,780)	795,027
	95-3310115	Cigna HealthCare of California, Inc.	.0	.0	.0	(147,500)	(22,791,045)	(1,460,101)		.0	(24,398,646)	5,213,446
95604	84-1004500	Cigna HealthCare of Colorado, Inc.	.0	.0	.0	.0	(1,228,416)	965		.0	(1,227,451)	21,043
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.	.0	.0	.0	.0	(745,287)	(21,879)		.0	(767,166)	8,320
95136	59-2089259	Cigna HealthCare of Florida, Inc.	.0	.0	.0	.0	(259,279)	(58,630)		.0	(317,909)	31,845
96229	58-1641057	Cigna HealthCare of Georgia, Inc.	.0	.0	.0	.0	(48,638,452)	1,320,245		.0	(47,318,207)	5,657
95602	36-3385638	Cigna HealthCare of Illinois, Inc.	(1,500,000)	.0	.0	(23,000)	(11,380,328)	(1,612,980)		.0	(14,516,308)	1,015,383
95525	35-1679172	Cigna HealthCare of Indiana, Inc.	.0	.0	.0	.0	(6,612)	(663)		.0	(7,275)	252
95477	01-0418220	Cigna HealthCare of Maine, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.	.0	.0	.0	.0	(7,241)	.0		.0	(7,241)	.0
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.	(6,000,000)	.0	.0	.0	(55,610)	(14,722)		.0	(6,070,332)	5,598

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95132	56-1479515	Cigna HealthCare of North Carolina, Inc.	0	0	0	0	(26,276,644)	(344,872)		0	(26,621,516)	240,792
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.	0	0	0	0	0	0		0	0	0
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.	(3,500,000)	0	0	0	(10,775,576)	(2,754)		0	(14,278,330)	1,047
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.	0	6,000,000	0	0	(5,100,099)	(39,236)		0	860,665	14,921
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.	0	2,000,000	0	0	(1,969,044)	0		0	30,956	241,018
95383	74-2767437	Cigna HealthCare of Texas, Inc.	(18,000,000)	0	0	0	(4,429,448)	(468,892)		0	(22,898,340)	539,243
95518	62-1230908	Cigna HealthCare of Utah, Inc.	0	0	0	0	0	0		0	0	0
	02-0495422	Cigna Healthcare, Inc.	0	0	0	0	(1,026)	0		0	(1,026)	0
	00-0000000	Cigna HLA Technology Services Company Limited	0	0	0	0	0	0		0	0	0
	06-1059331	Cigna Holding Company	0	0	0	170,500	(9,381)	0		0	161,119	0
	23-3009279	Cigna Holdings Overseas, Inc.	0	0	0	0	0	0		0	0	0
	06-1072796	Cigna Holdings, Inc.	356,067,829	(163,937,800)	0	0	(180,003)	0		0	191,950,026	0
	00-0000000	Cigna Hong Kong Holdings Company Limited	0	0	0	0	0	0		0	0	0
	27-1903785	Cigna Insurance Agency, LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Insurance Management Services (DIFC), Ltd.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Insurance Middle East S.A.L.	0	0	0	0	5,569,152	0		0	5,569,152	0
	00-0000000	Cigna Insurance Public Company Limited	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Insurance Services (Europe) Limited	0	0	0	0	0	0		0	0	0
	23-2924152	Cigna Integratedcare, Inc.	0	0	0	0	0	0		0	0	0
	51-0402128	Cigna Intellectual Property, Inc.	0	10,000	0	0	0	0		0	10,000	0
	51-0111677	Cigna International Corporation, Inc.	0	0	0	0	(7,965,912)	0		0	(7,965,912)	0
	52-0291385	Cigna International Finance, Inc.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna International Health Services Kenya Limited	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna International Health Services Sdn. Bhd.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna International Health Services, BVBA	0	0	0	0	0	0		0	0	0
	30-0526216	Cigna International Health Services, LLC	0	0	0	0	0	0		0	0	0
		Cigna International Marketing (Thailand) Limited	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna International Services Australia Pty Ltd.	0	0	0	0	0	0		0	0	0
	23-2610178	Cigna International Services, Inc.	0	0	0	0	0	0		0	0	0
	06-1095823	Cigna Investment Group, Inc.	0	0	0	0	(1,953)	0		0	(1,953)	0
	06-0861092	Cigna Investments, Inc.	0	0	0	0	42,224,783	0		0	42,224,783	0
	00-0000000	Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)	0	0	0	0	0	0		0	0	0
	98-1146864	Cigna Laurel Holdings, Ltd.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Legal Protection U.K. Ltd.	0	0	0	0	0	0		0	0	0
	AA-1560515	Cigna Life Insurance Company of Canada	0	0	0	41,723	(6,795,093)	(508,973)		0	(7,262,343)	2,367

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	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.	0	0	0	0	(6,922)	291,927		0	285,005	0
64548	13-2556568	Cigna Life Insurance Company of New York	0	0	0	0	(448,767)	11,628,268		0	11,179,501	116,322,874
	00-0000000	Cigna Life Insurance New Zealand Limited	0	0	0	0	0	0		0	0	0
	46-4110289	Cigna Linden Holdings, Inc.	0	0	0	0	0	0		0	0	0
	98-1232512	Cigna Magnolia Holdings, Ltd.	0	0	0	0	0	0		0	0	0
	23-2741294	Cigna Managed Care Benefits Company	0	0	0	0	23,237,225	0		0	23,237,225	0
	98-1154657	Cigna Myrtle Holdings, Ltd.	0	0	0	0	0	0		0	0	0
61727	34-0970995	Cigna National Health Insurance Company	0	0	0	0	(1,219,430)	0		0	(1,219,430)	0
	00-0000000	Cigna Nederland Gamma B.V.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna New Zealand Holdings Limited	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Oak Holdings, Ltd.	0	0	0	0	0	0		0	0	0
	32-0222252	Cigna Onsite Health, LLC	0	0	0	0	(7,499)	0		0	(7,499)	0
	98-1232443	Cigna Palmetto Holdings, Ltd.	0	0	0	0	0	0		0	0	0
	46-4099800	Cigna Poplar Holdings, Inc.	0	0	0	0	0	0		0	0	0
	06-1071502	Cigna RE Corporation	0	0	0	0	0	0		0	0	0
	06-1567902	Cigna Resource Manager, Inc.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Spruce Holdings GmbH	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Taiwan Life Assurance Company Limited	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Teak Holdings, LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	0	0	0	0	0	0		0	0	0
	83-1069280	Cigna Ventures, LLC	0	65,944,210	0	0	0	0		0	65,944,210	0
	00-0000000	Cigna Walnut Holdings, Ltd.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Willow Holdings, Ltd.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Worldwide General Insurance Company Limited	0	0	0	0	0	0		0	0	0
90859	23-2088429	Cigna Worldwide Insurance Company	0	0	0	0	(43,521)	(76,054)		0	(119,575)	8,982,517
	00-0000000	Cigna Worldwide Life Insurance Company Limited	0	0	0	0	151,934	0		0	151,934	0
	00-0000000	Claims and Risk Services Limited	0	0	0	0	0	0		0	0	0
	00-0000000	ManipalCigna Health Insurance Company Limited	0	0	0	0	0	0		0	0	0
	84-1461840	Community Health Network, LLC	0	0	0	0	0	0		0	0	0
	06-1252419	Connecticut General Benefit Payments, Inc.	0	0	0	0	0	0		0	0	0
	06-0840391	Connecticut General Corporation	387,186,308	4,000,000	0	0	(360)	0		0	391,185,948	0
62308	06-0303370	Connecticut General Life Insurance Company	(124,000,000)	(273,408)	(854,775)	0	(11,230,115)	(120,212,696)		0	(256,570,994)	(754,949,558)
	82-4936006	CPI-CII 9171 Wilshire JV LLC	0	0	0	0	0	0		0	0	0
	27-3555688	CR Washington Street Investors LP	0	0	0	0	0	0		0	0	0
	47-2746692	Cricket Health, Inc.	0	0	0	0	0	0		0	0	0

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	36-4369972	CuraScript, Inc.	0	0	0	0	0	0		0	0	0
	16-1526641	Diversified NY IPA, Inc.	0	0	0	0	0	0		0	0	0
	41-1627938	Diversified Pharmaceutical Services, Inc.										
			0	0	0	0	0	0		0	0	0
	52-2099336	Dulles Town Center Mall, LLC	0	0	0	0	0	0		0	0	0
	27-3542089	Econdisc Contracting Solutions, LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Egyptian Emirates Administration Services SAE										
		ESI Canada	0	0	0	0	0	0		0	0	0
		ESI GP Canada ULC	0	0	0	0	0	0		0	0	0
	43-1925556	ESI GP Holdings, Inc.	0	0	0	0	0	0		0	0	0
	00-0000000	ESI GP2 Canada ULC	0	0	0	0	0	0		0	0	0
	74-2974964	ESI Mail Order Processing, Inc. (f/k/a NXI)	0	0	0	0	0	0		0	0	0
	43-1867735	ESI Mail Pharmacy Service, Inc.	0	0	0	0	0	0		0	0	0
	43-1925562	ESI Partnership	0	0	0	0	0	0		0	0	0
	41-2006555	ESI Resources, Inc.	0	0	0	0	0	0		0	0	0
	85-2732455	Evernorth Enterprise Services, Inc.	0	0	0	0	0	0		0	0	0
	85-2759151	Evernorth Sales Operations, Inc.	0	0	0	0	0	0		0	0	0
	85-2717903	Evernorth Strategic Development, Inc.	0	0	0	0	0	0		0	0	0
	46-4676347	eviCore 1, LLC	0	0	0	0	0	0		0	0	0
	62-1615395	eviCore healthcare MSI, LLC	0	0	0	0	(20,931)	0		0	(20,931)	0
13918	27-3175443	Express Reinsurance Company	0	0	0	0	0	0		0	0	0
	41-2063830	Express Scripts Administrators LLC	0	0	0	0	0	0		0	0	0
		Express Scripts Canada Co.	0	0	0	0	0	0		0	0	0
	43-1942542	Express Scripts Canada Holding Co.	0	0	0	0	0	0		0	0	0
	27-1490640	Express Scripts Canada Holding, LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Express Scripts Canada Services	0	0	0	0	0	0		0	0	0
		Express Scripts Canada Wholesale	0	0	0	0	0	0		0	0	0
	84-5003423	Express Scripts Health Information Network Partners, Inc.	0	0	0	0	0	0		0	0	0
	45-2884094	Evernorth Health, Inc.	0	0	0	0	(740,681)	0		0	(740,681)	0
	20-5826948	Express Scripts Pharmaceutical Procurement, LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Express Scripts Pharmacy Atlantic, Ltd.	0	0	0	0	0	0		0	0	0
	00-0000000	Express Scripts Pharmacy Central, Ltd.	0	0	0	0	0	0		0	0	0
	00-0000000	Express Scripts Pharmacy Ontario, Ltd.	0	0	0	0	0	0		0	0	0
	00-0000000	Express Scripts Pharmacy West, Ltd.	0	0	0	0	0	0		0	0	0
	30-0789911	Express Scripts Pharmacy, Inc.	0	0	0	0	0	0		0	0	0
	22-3114423	Express Scripts Sales Operations, Inc.	0	0	0	0	0	0		0	0	0
	20-3126104	Express Scripts Senior Care Holdings, Inc.										
			0	0	0	0	0	0		0	0	0
	20-3126075	Express Scripts Senior Care, Inc.	0	0	0	0	0	0		0	0	0
	43-1832983	Express Scripts Services Co.	0	0	0	0	0	0		0	0	0



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	43-1869712	Express Scripts Specialty Distribution Services, Inc.	0	0	0	0	0	0		0	0	0
	22-2230703	Express Scripts Strategic Development, Inc.	0	0	0	0	0	0		0	0	0
	43-1869714	Express Scripts Utilization Management Company	0	0	0	0	0	0		0	0	0
	43-1420563	Express Scripts, Inc.	0	0	0	0	170,995,725	0		0	170,995,725	0
	00-0000000	FirstAssist Administration Limited	0	0	0	0	0	0		0	0	0
	23-1914061	Former Cigna Investments, Inc.	0	0	0	(41,723)	23,537	0		0	(18,186)	0
	02-0523249	Freco, Inc.	0	0	0	0	0	0		0	0	0
	20-3229217	Freedom Service Company, LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Gillette Ridge Community Council, Inc.	0	0	0	0	0	0		0	0	0
	20-3700105	Gillette Ridge Golf, LLC	0	0	0	0	0	0		0	0	0
95388	93-1174749	Great-West Healthcare of Illinois, Inc.	0	0	0	0	0	0		0	0	0
	00-0000000	GRG Acquisitions LLC	0	(54,081)	0	0	0	0		0	(54,081)	0
	11-9599164	Grown Ups New Zealand Limited	0	0	0	0	0	0		0	0	0
	76-0657035	GulfQuest, LP	(36,000,000)	0	0	0	342,043,407	0		0	306,043,407	0
	52-2149519	Hazard Center Investment Company LLC	0	0	0	0	0	0		0	0	0
	04-2992335	Healthbridge Reimbursement & Product Support, Inc.	0	0	0	0	0	0		0	0	0
	26-2159005	Healthbridge, Inc.	0	0	0	0	0	0		0	0	0
	46-2086778	Health-Lynx, LLC	0	0	0	0	0	0		0	0	0
	06-1533555	Healthsource Benefits, Inc.	0	0	0	0	0	0		0	0	0
	02-0467679	Healthsource Properties, Inc.	0	0	0	0	0	0		0	0	0
	02-0387748	Healthsource, Inc.	29,000,000	0	0	0	0	0		0	29,000,000	0
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.	(148,000,000)	0	0	0	(763,833,841)	0		0	(911,833,841)	0
	20-8647386	HealthSpring Management of America, LLC	0	25,000,000	0	0	169,517,115	0		0	194,517,115	0
11532	65-1129599	HealthSpring of Florida, Inc.	(22,000,000)	0	0	0	(115,751,279)	0		0	(137,751,279)	0
	26-2353772	HealthSpring Pharmacy of Tennessee, LLC	0	0	0	0	0	0		0	0	0
	26-2353476	HealthSpring Pharmacy Services, LLC	0	0	0	0	0	0		0	0	0
	72-1559530	HealthSpring USA, LLC	(11,000,000)	0	0	0	181,989,346	0		0	170,989,346	0
	20-1821898	HealthSpring, Inc.	0	0	0	0	63,603,327	0		0	63,603,327	0
	81-4139432	Heights at Bear Creek Venture LLC	0	0	0	0	0	0		0	0	0
	20-4266628	Home Physicians Management, LLC	0	0	0	0	0	0		0	0	0
	75-3108521	HouQuest, LLC	0	0	0	0	0	0		0	0	0
	37-1708015	Houston Briar Forest Apartments Limited Partnership	0	0	0	0	0	0		0	0	0
	95-4838551	Ideal Properties II LLC	0	0	0	0	0	0		0	0	0
	35-2041388	IHN, Inc.	0	0	0	0	(2,240)	0		0	(2,240)	0
	00-0000000	Independent Health Information Technology Services L.L.C.	0	0	0	0	0	0		0	0	0
	82-1655179	Innovative Product Alignment, LLC	0	0	0	0	0	0		0	0	0
	82-0658250	Inside RX, LLC	0	0	0	0	0	0		0	0	0

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	81-0425785	Intermountain Underwriters, Inc.	0	0	0	0	34,229	0		0	34,229	0
	00-0000000	International Pharmaceutical Solutions, GmbH									0	
	84-3406799	JA Lofts Holdings, LLC	0	0	0	0	0	0		0	0	0
	84-3395923	JA Lofts JV Limited Partnership	0	0	0	0	0	0		0	0	0
	00-0000000	Kuwait Emirates Administration Services WLL	0	0	0	0	0	0		0	0	0
	00-0000000	KDM (Thailand) Limited	0	0	0	0	0	0		0	0	0
	20-8064696	Kronos Optimal Health Company	0	0	0	0	(4,516)	0		0	(4,516)	0
	47-5292506	L&C Investments, LLC	0	0	0	0	0	0		0	0	0
	47-4375626	Lakehills CM-CG LLC	0	0	0	0	0	0		0	0	0
65498	23-1503749	Life Insurance Company of North America	(646,472,262)	2,037,895	1,233,416,800		(20,859,710)	109,552,755			677,675,478	683,812,199
	00-0000000	LINA Financial Service	0	0	0	0	0	0		0	0	0
	00-0000000	LINA Life Insurance Company of Korea	0	0	0	0	0	0		0	0	13,995,367
65722	63-0343428	Loyal American Life Insurance Company	(10,000,000)	(20,000,000)	0	0	(53,093,986)	0		0	(83,093,986)	0
	58-2593075	Lynnfield Compounding Center, Inc.	0	0	0	0	0	0		0	0	0
	04-3546044	Lynnfield Drug, Inc.	0	0	0	0	0	0		0	0	0
	27-1506930	MAH Pharmacy, LLC	0	0	0	0	0	0		0	0	0
	80-0908244	Mallory Square Partners I, LLC	0	0	0	0	0	0		0	0	0
	88-0241365	Managed Care Consultants, Inc.	0	0	0	0	0	0		0	0	0
	51-0500147	Matrix GPO, LLC	0	0	0	0	0	0		0	0	0
	59-3720653	Matrix Healthcare Services, Inc.	0	0	0	0	0	0		0	0	0
	06-1346406	MCC Independent Practice Association of New York, Inc.	0	0	0	0	0	0		0	0	0
34720	13-3506395	Medco Containment Insurance Company of NY										
			0	0	0	0	(12,552,650)	0		0	(12,552,650)	0
63762	42-1425239	Medco Containment Life Insurance Company	(26,800,000)	0	0	0	(164,769,309)	0		0	(191,569,309)	0
	27-3709630	Medco Europe II, LLC	0	0	0	0	0	0		0	0	0
	46-2166374	Medco Europe, LLC	0	0	0	0	0	0		0	0	0
	84-5017653	Medco Health Information Network Partners, Inc.	0	0	0	0	0	0		0	0	0
	81-0616525	Medco Health Puerto Rico, LLC	0	0	0	0	0	0		0	0	0
	26-3544786	Medco Health Services, Inc.	0	0	0	0	0	0		0	0	0
	22-3461740	Medco Health Solutions, Inc.	26,800,000	0	0	0	0	0		0	26,800,000	0
	88-0334401	Mediversal, Inc.	0	0	0	0	0	0		0	0	0
	27-3801345	MedSolutions Holdings, Inc.	0	0	0	0	0	0		0	0	0
	32-0071543	MSI Health Organization of Texas, Inc.	0	0	0	0	0	0		0	0	0
	27-5492993	MSI HT, LLC	0	0	0	0	0	0		0	0	0
	27-5493148	MSI LT, LLC	0	0	0	0	0	0		0	0	0
	27-5493321	MSI SAR-GW, LLC	0	0	0	0	0	0		0	0	0
	86-1090522	MSIAZ I, LLC	0	0	0	0	0	0		0	0	0
	20-1749733	MSICA I, LLC	0	0	0	0	0	0		0	0	0
	20-1222347	MSICO I, LLC	0	0	0	0	0	0		0	0	0
	55-0840800	MSIFL, LLC	0	0	0	0	0	0		0	0	0

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	26-0181185	MSIMD I, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	74-3122235	MSINC I, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	11-3715243	MSINH II, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	03-0524694	MSINH, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	20-1749446	MSINJ I, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	20-1761914	MSINV I, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	55-0840806	MSISC II, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	26-0336736	MSIVT I, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	20-2536458	MSIWA, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	36-4833284	MyM Technology Services, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	82-1350878	myMatrixx Holdings, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	46-2589799	myMatrixx-B, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	NAS Administrative Services Company LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	NAS Neuron Health Services, L.L.C.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	NAS United SPV	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Neuron LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	52-1929677	NewQuest Management Northeast, LLC	.0	.0	.0	.0	131,202,288	.0		.0	131,202,288	.0
	33-1033586	NewQuest Management of Alabama, LLC	.0	.0	.0	.0	212,270,425	.0		.0	212,270,425	.0
	20-4954206	NewQuest Management of Florida, LLC	(36,000,000)	.0	.0	.0	107,729,215	.0		.0	71,729,215	.0
	77-0632665	NewQuest Management of Illinois, LLC	.0	.0	.0	.0	25,108,551	.0		.0	25,108,551	.0
	45-0633893	NewQuest Management of West Virginia, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	76-0628370	NewQuest, LLC	282,000,000	(25,000,000)	(148,104,266)	.0	(206,757)	.0		.0	108,688,977	.0
	82-5244890	Octave Health Group, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	91-1599329	Olympic Health Management Services, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	91-1500758	Olympic Health Management Systems, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	OnePath Life (NZ) Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
	80-0818758	Patient Provider Alliance, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	35-1927379	Priority Healthcare Corporation	.0	.0	.0	.0	.0	.0		.0	.0	.0
	59-3761140	Priority Healthcare Distribution, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
67903	23-1335885	Provident American Life & Health Insurance Company	.0	.0	.0	.0	(227,681)	.0		.0	(227,681)	.0
	00-0000000	PT GAR Indonesia	.0	.0	.0	.0	.0	.0		.0	.0	.0
	AA-5360003	PT Asuransi Cigna	.0	.0	.0	.0	.0	.0		.0	.0	.0
	45-5046449	PUR Arbors Apartments Venture LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	23-3744987	QualCare Alliance Networks, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	46-1801639	QualCare Management Resources Limited Liability Company	.0	.0	.0	.0	.0	.0		.0	.0	.0
	22-3129563	QualCare, Inc.	.0	.0	.0	.0	(43)	.0		.0	(43)	.0
	45-5569416	QPID Health, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	RHP (Thailand) Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-1460134	Rise-CG Capitol Hill, LP	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3254168	Rise-CG JA Lofts Limited Partnership	.0	.0	.0	.0	.0	.0		.0	.0	.0
	35-1641636	Sagamore Health Network, Inc.	.0	.0	.0	.0	1,064,589	.0		.0	1,064,589	.0

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	46-3593103	SB-SNH LLC	0	0	0	0	0	0		0	0	0
	22-2483867	Scibal Associates, Inc.	0	0	0	0	(2,134)	0		0	(2,134)	0
	95-2876207	Secon Properties, LP	0	0	0	0	0	0		0	0	0
	82-1732483	SOMA Apartments Venture LLC	0	0	0	0	0	0		0	0	0
	82-4405071	Specialty Products Acquisitions, LLC	0	0	0	0	0	0		0	0	0
	61-1317695	SpectraCare Health Care Ventures, Inc.	0	0	0	0	0	0		0	0	0
	61-1147068	SpectraCare, Inc.	0	0	0	0	0	0		0	0	0
77399	13-1867829	Sterling Life Insurance Company	(10,000,000)	0	0	0	(2,246,330)	0		0	(12,246,330)	0
	47-2658932	Strategic Pharmaceutical Investments, LLC										
			0	0	0	0	0	0		0	0	0
	00-0000000	SureScripts, LLC	0	0	0	0	0	0		0	0	0
	22-3474888	Systemed, LLC	0	0	0	0	0	0		0	0	0
	23-3074013	Tel-Drug of Pennsylvania, LLC	0	0	0	0	(2,990)	0		0	(2,990)	0
	46-0427127	Tel-Drug, Inc.	0	0	0	0	(19,251)	0		0	(19,251)	0
	00-0000000	Temple Insurance Company Limited	0	0	0	0	(20,493)	0		0	(20,493)	0
	20-5524622	Tennessee Quest, LLC	(6,000,000)	0	0	0	(6,825,950)	0		0	(12,825,950)	0
	75-3108527	TexQuest, LLC	0	0	0	0	0	0		0	0	0
	85-1955731	The Flats at Interbay Holdings, LLC	0	0	0	0	0	0		0	0	0
	85-1955075	The Flats at Interbay JV Limited Partnership	0	0	0	0	0	0		0	0	0
	85-1962013	The Flats at Interbay Limited Partnership										
			0	0	0	0	0	0		0	0	0
	46-5264463	Trainer Rx, Inc.									0	
	00-0000000	Transwestern Federal, L.L.C.	0	0	0	0	0	0		0	0	0
	00-0000000	Transwestern Federal Holdings, L.L.C.	0	0	0	0	0	0		0	0	0
65269	75-2305400	United Benefit Life Insurance Company	0	0	0	0	(35,865)	0		0	(35,865)	0
	88-0344624	Universal Claims Administration	0	0	0	0	0	0		0	0	0
	82-4410128	ValoremRx Sourcing Solutions, LLC	0	0	0	0	0	0		0	0	0
	98-0463704	Vielife Services, Inc.	0	0	0	0	0	0		0	0	0
	00-0000000	Verity Solutions Group, Inc.	0	0	0	0	0	0		0	0	0
	00-0000000	Westcore CG AC, LLC	0	0	0	0	0	0		0	0	0
	84-3178563	Westcore CG Camelback, LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Westcore CG Commerce, LLC	0	0	0	0	0	0		0	0	0
	84-3178563	Westcore CG Dove Valley I, LLC	0	0	0	0	0	0		0	0	0
	84-3178563	Westcore CG Dove Valley II, LLC	0	0	0	0	0	0		0	0	0
	84-3178563	Westcore CG Fountain Lakes, LLC	0	0	0	0	0	0		0	0	0
	84-3178563	Westcore CG Gateway, LLC	0	0	0	0	0	0		0	0	0
	84-3178563	Westcore CG I-35, LLC	0	0	0	0	0	0		0	0	0
	84-3178563	Westcore CG Mezz, LLC	0	0	0	0	0	0		0	0	0
	84-3178563	Westcore CG Navy, LLC	0	0	0	0	0	0		0	0	0
	84-3178563	Westcore CG Potomac Park, LLC	0	0	0	0	0	0		0	0	0
	84-3178563	Westcore CG Solano, LLC	0	0	0	0	0	0		0	0	0
	84-3178563	Westcore CG Susana, LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Westcore CG Venture, LLC	0	0	0	0	0	0		0	0	0

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	85-3567364	Westcore Realty CG Avondale, LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Willow DSP LLC	0	0	0	0	0	0		0	0	0
	00-0000000	YCFM Servicos LTDA	0	0	0	0	0	0		0	0	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? .....	YES
4. Will an actuarial opinion be filed by March 1? .....	YES
APRIL FILING	
5. Will Management’s Discussion and Analysis be filed by April 1? .....	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) .....	YES
7. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) .....	YES
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1? .....	YES
10. Will Accountant’s Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES
AUGUST FILING	
11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? .....	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ...	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	YES
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? .....	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? .....	YES
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? .....	YES
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
29.	<del>Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? .....</del>	
30.	<del>Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? .....</del>	
31.	<del>Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? .....</del>	
32.	<del>Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? .....</del>	
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
34.	Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies) .....	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? .....	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....	NO
40.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO

APRIL FILING

41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? .....	YES
42.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) ...	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	YES
45.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	NO
46.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	NO
47.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? .....	NO
48.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
49.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1? .....	NO
50.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? .....	NO
51.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? .....	NO
52.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? .....	NO

AUGUST FILING

53.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	NO
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Explanations:

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Bar Codes:  
12. SIS Stockholder Information Supplement [Document Identifier 420]



14. Trusteesd Surplus Statement [Document Identifier 490]



17. Actuarial Opinion on X-Factors [Document Identifier 442]



18. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]






























19. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20.	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]	 <div>6 1 7 2 7 2 0 2 0 4 4 5 0 0 0 0 0</div>
21.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]	 <div>6 1 7 2 7 2 0 2 0 4 4 6 0 0 0 0 0</div>
22.	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]	 <div>6 1 7 2 7 2 0 2 0 4 4 7 0 0 0 0 0</div>
23.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	 <div>6 1 7 2 7 2 0 2 0 4 4 8 0 0 0 0 0</div>
24.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	 <div>6 1 7 2 7 2 0 2 0 4 4 8 0 0 0 0 0</div>
25.	C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	 <div>6 1 7 2 7 2 0 2 0 4 5 0 0 0 0 0 0</div>
26.	C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 <div>6 1 7 2 7 2 0 2 0 4 5 1 0 0 0 0 0</div>
27.	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 <div>6 1 7 2 7 2 0 2 0 4 5 2 0 0 0 0 0</div>
28.	Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 <div>6 1 7 2 7 2 0 2 0 4 5 3 0 0 0 0 0</div>
33.	Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]	 <div>6 1 7 2 7 2 0 2 0 4 5 4 0 0 0 0 0</div>
34.	Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 <div>6 1 7 2 7 2 0 2 0 4 9 5 0 0 0 0 0</div>
36.	Medicare Part D Coverage Supplement [Document Identifier 365]	 <div>6 1 7 2 7 2 0 2 0 3 6 5 0 0 0 0 0</div>
37.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 <div>6 1 7 2 7 2 0 2 0 2 2 4 0 0 0 0 0</div>
38.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 <div>6 1 7 2 7 2 0 2 0 2 2 5 0 0 0 0 0</div>
39.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 <div>6 1 7 2 7 2 0 2 0 2 2 6 0 0 0 0 0</div>
40.	VM-20 Reserves Supplement [Document Identifier 456]	 <div>6 1 7 2 7 2 0 2 0 4 5 6 0 0 0 0 0</div>
42.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 <div>6 1 7 2 7 2 0 2 0 3 0 6 0 0 0 0 0</div>
43.	Credit Insurance Experience Exhibit [Document Identifier 230]	 <div>6 1 7 2 7 2 0 2 0 2 3 0 0 0 0 0 0</div>
45.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 <div>6 1 7 2 7 2 0 2 0 2 1 6 0 0 0 0 0</div>
46.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 <div>6 1 7 2 7 2 0 2 0 2 1 7 0 0 0 0 0</div>
47.	Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	 <div>6 1 7 2 7 2 0 2 0 4 3 6 0 0 0 0 0</div>
48.	Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]	 <div>6 1 7 2 7 2 0 2 0 3 4 5 0 0 0 0 0</div>
49.	Variable Annuities Supplement [Document Identifier 286]	 <div>6 1 7 2 7 2 0 2 0 2 8 6 0 0 0 0 0</div>
50.	Executive Summary of the PBR Actuarial Report [Document Identifier 457]	 <div>6 1 7 2 7 2 0 2 0 4 5 7 0 0 0 0 0</div>
51.	Life Summary of the PBR Actuarial Report [Document Identifier 458]	 <div>6 1 7 2 7 2 0 2 0 4 5 8 0 0 0 0 0</div>
52.	Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]	 <div>6 1 7 2 7 2 0 2 0 4 5 9 0 0 0 0 0</div>
53.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 <div>6 1 7 2 7 2 0 2 0 2 2 3 0 0 0 0 0</div>



**OVERFLOW PAGE FOR WRITE-INS**



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	
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.....	3MJ.....	J.....	NO.....	0034000.....					MEDICARE SUPPLEMENT.....	4,358.....	1,513.....	34.7.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MJ.....	J.....	NO.....	0034000.....					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.....	3IF(AZ).....	F.....	NO.....	0034000.....					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	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(AR).....	F.....	NO.....	0034000.....					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.....					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	
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(GA).....	F.....	NO.....	0034000.....					MEDICARE SUPPLEMENT.....	3,319.....	2,486.....	74.9.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	31G(GA).....	G.....	NO.....	0034000.....					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					MEDICARE SUPPLEMENT	9,572	8,383	87.6	1	0	0	0.0	0
YES	3ME (IL)	E	NO	0034060					MEDICARE SUPPLEMENT	4,893	(20)	(0.4)	1	0	0	0.0	0
YES	3MF (IL)	F	NO	0034060					MEDICARE SUPPLEMENT	37,876	22,767	60.1	5	0	0	0.0	0
YES	3MF (IL)	F	NO	0034060					MEDICARE SUPPLEMENT	58,611	26,967	46.0	8	0	0	0.0	0
YES	3MF (IL)	F	NO	0034060					MEDICARE SUPPLEMENT	15,789	10,021	63.5	2	0	0	0.0	0
YES	3MG (IL)	G	NO	0034060					MEDICARE SUPPLEMENT	0	29	0.0	0	0	0	0.0	0
YES	3MH (IL)	H	NO	0034060					MEDICARE SUPPLEMENT	6,747	9,780	145.0	1	0	0	0.0	0
YES	3MI (IL)	I	NO	0034060					MEDICARE SUPPLEMENT	8,768	9,679	110.4	2	0	0	0.0	0
YES	3MI (IL)	I	NO	0034060					MEDICARE SUPPLEMENT	4,812	802	16.7	1	0	0	0.0	0
YES	3MJ (IL)	J	NO	0034060					MEDICARE SUPPLEMENT	22,618	12,754	56.4	5	0	0	0.0	0
YES	3MK (IL)	F	NO	0034060					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	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					MEDICARE SUPPLEMENT	3,478	1,919	55.2	1	0	0	0.0	0
YES	3ME	E	NO	0034000					MEDICARE SUPPLEMENT	3,545	3,047	86.0	1	0	0	0.0	0
YES	3MF	F	NO	0034000					MEDICARE SUPPLEMENT	18,157	1,559	8.6	3	0	0	0.0	0
YES	3MF	F	NO	0034000					MEDICARE SUPPLEMENT	5,032	14,029	278.8	1	0	0	0.0	0
YES	3MF	F	NO	0034000					MEDICARE SUPPLEMENT	5,144	685	13.3	1	0	0	0.0	0
YES	3MG	G	NO	0034000					MEDICARE SUPPLEMENT	9,945	5,423	54.5	2	0	0	0.0	0
YES	3MG	G	NO	0034000					MEDICARE SUPPLEMENT	21,336	17,866	83.7	4	0	0	0.0	0
YES	3MH (IN)	H	NO	0034000					MEDICARE SUPPLEMENT	2,061	2,057	99.8	0	0	0	0.0	0
YES	3MH (IN)	H	NO	0034000					MEDICARE SUPPLEMENT	18	1,337	7,427.8	0	0	0	0.0	0
YES	3MI (IN)	I	NO	0034000					MEDICARE SUPPLEMENT	4,010	126	3.1	1	0	0	0.0	0
YES	3MJ (IN)	J	NO	0034000					MEDICARE SUPPLEMENT	4,537	385	8.5	1	0	0	0.0	0
YES	3MJ (IN)	J	NO	0034000					MEDICARE SUPPLEMENT	15,634	5,658	36.2	3	0	0	0.0	0
YES	3MJ (IN)	J	NO	0034000					MEDICARE SUPPLEMENT	3,946	1,012	25.6	1	0	0	0.0	0
									MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE								
YES	3MK	F	NO	0034000					MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,732	(16)	(0.9)	2	0	0	0.0	0
									MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE								
YES	3MK	F	NO	0034000					MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	997	234	23.5	1	0	0	0.0	0
YES	CNH1C-MS-AA-A	A	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNH1C-MS-AA-F	F	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	34,212	20,934	61.2	65
YES	CNH1C-MS-AA-F	F	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNH1C-MS-AA-G	G	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	251,367	151,910	60.4	689
YES	CNH1C-MS-AA-G	G	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNH1C-MS-AA-N	N	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	30,077	15,768	52.4	103
YES	CNH1C-MS-AA-N	N	NO	0234060					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
												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 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	
YES.....	3MF (IA) .....	F.....	NO.....	0034000 .....	.....	.....	.....	.....	MEDICARE SUPPLEMENT .....	32,156 .....	25,268 .....	78.6 .....	6 .....	0 .....	0 .....	0.0 .....	0 .....
YES.....	3MG (IA) .....	G.....	NO.....	0034000 .....	.....	.....	.....	.....	MEDICARE SUPPLEMENT .....	22,066 .....	4,333 .....	19.6 .....	6 .....	0 .....	0 .....	0.0 .....	0 .....
YES.....	3MJ (IA) .....	J.....	NO.....	0034000 .....	.....	.....	.....	.....	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". .....

360.KS



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			
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	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES	3MF(KS)	F	NO	0034060					MEDICARE SUPPLEMENT	4,862	261	5.4	1	0	0	0.0	0
YES	3MF(KS)	F	NO	0034060					MEDICARE SUPPLEMENT	15,276	3,824	25.0	3	0	0	0.0	0
YES	3MF(KS)	F	NO	0034060					MEDICARE SUPPLEMENT	15,604	8,636	55.3	3	0	0	0.0	0
YES	3MG(KS)	G	NO	0034060					MEDICARE SUPPLEMENT	12,699	2,094	16.5	3	0	0	0.0	0
YES	3MH(KS)	H	NO	0034060					MEDICARE SUPPLEMENT	7,085	136	1.9	2	0	0	0.0	0
YES	3MH(KS)	H	NO	0034060					MEDICARE SUPPLEMENT	3,277	20,307	619.7	1	0	0	0.0	0
YES	3MI(KS)	I	NO	0034060					MEDICARE SUPPLEMENT	4,229	4,577	108.2	1	0	0	0.0	0
YES	3MI(KS)	I	NO	0034060					MEDICARE SUPPLEMENT	2,372	11,325	477.4	0	0	0	0.0	0
YES	3MJ(KS)	J	NO	0034060					MEDICARE SUPPLEMENT	46,480	22,233	47.8	12	0	0	0.0	0
YES	3MJ(KS)	J	NO	0034060					MEDICARE SUPPLEMENT	22,862	32,652	142.8	5	0	0	0.0	0
YES	3MK(KS)	F	NO	0034060					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
												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 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  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	3ME (KY)	E	NO	.0034060					MEDICARE SUPPLEMENT	5,129	5,558	108.4	1	0	0	0.0	0
YES	3ME (KY)	E	NO	.0034060					MEDICARE SUPPLEMENT	(240)	(239)	99.6	0	0	0	0.0	0
YES	3MF (KY)	F	NO	.0034060					MEDICARE SUPPLEMENT	6,141	4,505	73.4	1	0	0	0.0	0
YES	3MI (KY)	I	NO	.0034060					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				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.....					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				0.0		
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 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			
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 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.....					MED I CARE SUPPLEMENT.....	0.....	58.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	357.....	C.....	NO.....	0034000.....					MED I CARE 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				0.0		
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 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					MEDICARE SUPPLEMENT	1,508	6,596	437.4	0	0	0	0.0	0
YES	31F	F	NO	0034060					MEDICARE SUPPLEMENT	4,044	296	7.3	1	0	0	0.0	0
YES	31F	F	NO	0034060					MEDICARE SUPPLEMENT	13,509	8,683	64.3	3	0	0	0.0	0
YES	31F	F	NO	0034060					MEDICARE SUPPLEMENT	0	(268)	0.0	0	0	0	0.0	0
YES	31G	G	NO	0034060					MEDICARE SUPPLEMENT	3,319	2,245	67.6	1	0	0	0.0	0
YES	31G	G	NO	0034060					MEDICARE SUPPLEMENT	6,005	1,470	24.5	2	0	0	0.0	0
YES	31G	G	NO	0034060					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					MEDICARE SUPPLEMENT	33,546	16,991	50.6	7	0	0	0.0	0
YES	3MF (MT)	F	NO	0034000					MEDICARE SUPPLEMENT	23,627	12,357	52.3	6	0	0	0.0	0
YES	3MG (MT)	G	NO	0034000					MEDICARE SUPPLEMENT	7,175	3,322	46.3	2	0	0	0.0	0
YES	3MG (MT)	G	NO	0034000					MEDICARE SUPPLEMENT	10,779	1,952	18.1	3	0	0	0.0	0
YES	3MJ (MT)	J	NO	0034000					MEDICARE SUPPLEMENT	7,612	1,326	17.4	2	0	0	0.0	0
YES	3MK (MT)	F	NO	0034000					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	Amount	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					MEDICARE SUPPLEMENT	83,939	35,591	42.4	16	0	0	0.0	0
YES	3MF	F	NO	0034000					MEDICARE SUPPLEMENT	34,509	28,316	82.1	6	0	0	0.0	0
YES	3MF	F	NO	0034000					MEDICARE SUPPLEMENT	17,834	22,249	124.8	2	0	0	0.0	0
YES	3MG	G	NO	0034000					MEDICARE SUPPLEMENT	13,993	8,072	57.7	3	0	0	0.0	0
YES	3MJ	J	NO	0034000					MEDICARE SUPPLEMENT	25,446	16,168	63.5	5	0	0	0.0	0
YES	3MJ	J	NO	0034000					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
												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				0.0		
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".

360.NY



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".

360.NC



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.....

Compliance with OBRA	2  Policy Form Number	3  Standardized Medicare Supplement Benefit Plan	4  Medicare Select	5  Plan Characteristics	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	3MC(NC)	C	NO	0034060					MEDICARE SUPPLEMENT	5,517	3,187	57.8	1	0	0	0.0	0
YES	3MD(NC)	D	NO	0034000					MEDICARE SUPPLEMENT	3,769	3,138	83.3	1	0	0	0.0	0
YES	3MF(NC)	F	NO	0034000					MEDICARE SUPPLEMENT	43,038	13,765	32.0	9	0	0	0.0	0
YES	3MF(NC)	F	NO	0034000					MEDICARE SUPPLEMENT	48,050	29,251	60.9	10	0	0	0.0	0
YES	3MF(NC)	F	NO	0034000					MEDICARE SUPPLEMENT	14,755	4,112	27.9	3	0	0	0.0	0
YES	3MG(NC)	G	NO	0034000					MEDICARE SUPPLEMENT	28,694	7,650	26.7	7	0	0	0.0	0
YES	3MG(NC)	G	NO	0034000					MEDICARE SUPPLEMENT	22,354	21,161	94.7	6	0	0	0.0	0
YES	3MG(NC)	G	NO	0034000					MEDICARE SUPPLEMENT	3,634	5,653	155.6	0	0	0	0.0	0
YES	3MG(NC)	G	NO	0034000					MEDICARE SUPPLEMENT	3,844	3,723	96.9	1	0	0	0.0	0
YES	3MH(NC)	H	NO	0034000					MEDICARE SUPPLEMENT	0	29	0.0	0	0	0	0.0	0
YES	3MH(NC)	H	NO	0034000					MEDICARE SUPPLEMENT	27,729	18,401	66.4	7	0	0	0.0	0
YES	3MI(NC)	I	NO	0034000					MEDICARE SUPPLEMENT	2,805	(5)	(0.2)	0	0	0	0.0	0
YES	3MJ(NC)	J	NO	0034060					MEDICARE SUPPLEMENT	67,165	13,050	19.4	15	0	0	0.0	0
YES	3MJ(NC)	J	NO	0034060					MEDICARE SUPPLEMENT	31,322	6,008	19.2	7	0	0	0.0	0
YES	3MJ(NC)	J	NO	0034060					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
												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 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					MEDICARE SUPPLEMENT	16,195	4,813	29.7	3	0	0	0.0	0
YES	3MF (ND)	F	NO	0034000					MEDICARE SUPPLEMENT	23,314	18,887	81.0	4	0	0	0.0	0
YES	3MF (ND)	F	NO	0034000					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					MEDICARE SUPPLEMENT	6,986	1,502	21.5	2	0	0	0.0	0
YES	3MF (OH)	F	NO	0034000					MEDICARE SUPPLEMENT	5,491	447	8.1	0	0	0	0.0	0
YES	3MF (OH)	F	NO	0034000					MEDICARE SUPPLEMENT	6,401	5,085	79.4	1	0	0	0.0	0
YES	3MF (OH)	F	NO	0034000					MEDICARE SUPPLEMENT	(278)	144	(51.8)	0	0	0	0.0	0
YES	3MG (OH)	G	NO	0034000					MEDICARE SUPPLEMENT	10,660	975	9.1	2	0	0	0.0	0
YES	3MG (OH)	G	NO	0034000					MEDICARE SUPPLEMENT	4,777	7,632	159.8	1	0	0	0.0	0
YES	3MH (OH)	H	NO	0034000					MEDICARE SUPPLEMENT	6,108	3,652	59.8	0	0	0	0.0	0
YES	3MI (OH)	I	NO	0034000					MEDICARE SUPPLEMENT	12,213	11,042	90.4	3	0	0	0.0	0
YES	3MJ (OH)	J	NO	0034000					MEDICARE SUPPLEMENT	0	59	0.0	0	0	0	0.0	0
YES	3MJ (OH)	J	NO	0034000					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	
												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					MEDICARE SUPPLEMENT	4,774	3,084	64.6	1	0	0	0.0	0
YES	3MF (OK)	F	NO	0034000					MEDICARE SUPPLEMENT	4,306	17,998	418.0	0	0	0	0.0	0
YES	3MG (OK)	G	NO	0034000					MEDICARE SUPPLEMENT	8,066	1,752	21.7	2	0	0	0.0	0
YES	3MJ (OK)	J	NO	0034000					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					MEDICARE SUPPLEMENT	3,798	2,183	57.5	1	0	0	0.0	0
YES	3MD (PA)	D	NO	0034060					MEDICARE SUPPLEMENT	3,309	0	0.0	1	0	0	0.0	0
YES	3MD (PA)	D	NO	0034060					MEDICARE SUPPLEMENT	4,482	764	17.0	1	0	0	0.0	0
YES	3MD (PA)	D	NO	0034060					MEDICARE SUPPLEMENT	11,756	6,382	54.3	3	0	0	0.0	0
YES	3MF (PA)	F	NO	0034060					MEDICARE SUPPLEMENT	33,591	7,686	22.9	6	0	0	0.0	0
YES	3MF (PA)	F	NO	0034060					MEDICARE SUPPLEMENT	4,331	270	6.2	1	0	0	0.0	0
YES	3MG (PA)	G	NO	0034060					MEDICARE SUPPLEMENT	12	(291)	(2,425.0)	0	0	0	0.0	0
YES	3MG (PA)	G	NO	0034060					MEDICARE SUPPLEMENT	11,622	9,783	84.2	1	0	0	0.0	0
YES	3MG (PA)	G	NO	0034060					MEDICARE SUPPLEMENT	28,591	5,313	18.6	5	0	0	0.0	0
YES	3MG (PA)	G	NO	0034060					MEDICARE SUPPLEMENT	30,973	4,344	14.0	6	0	0	0.0	0
YES	3MG (PA)	G	NO	0034060					MEDICARE SUPPLEMENT	4,395	8,144	185.3	1	0	0	0.0	0
YES	3MI (PA)	I	NO	0034060					MEDICARE SUPPLEMENT	993	3,812	383.9	0	0	0	0.0	0
	CNHIC-MS-AA-A-PA																
YES		A	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-B-PA																
YES		B	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-B-PA																
YES		B	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-F-PA																
YES		F	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	27,056	20,714	76.6	65
	CNHIC-MS-AA-F-PA																
YES		F	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-G-PA																
YES		G	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	176,527	108,003	61.2	593
	CNHIC-MS-AA-G-PA																
YES		G	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-N-PA																
YES		N	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	84,370	54,334	64.4	347
	CNHIC-MS-AA-N-PA																
YES		N	NO	0234060					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
										0	0	0.0			0	0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

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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			
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 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					MEDICARE SUPPLEMENT	5,159	4,421	85.7	1	0	0	0.0	0
YES	3MG	G	NO	0034000					MEDICARE SUPPLEMENT	3,956	579	14.6	1	0	0	0.0	0
YES	3MG	G	NO	0034000					MEDICARE SUPPLEMENT	3,539	5,648	159.6	1	0	0	0.0	0
YES	3MI	I	NO	0034000					MEDICARE SUPPLEMENT	14,159	1,177	8.3	4	0	0	0.0	0
YES	3MI	I	NO	0034000					MEDICARE SUPPLEMENT	7,085	3,484	49.2	2	0	0	0.0	0
YES	3MJ	J	NO	0034000					MEDICARE SUPPLEMENT	43,134	13,823	32.0	8	0	0	0.0	0
YES	3MJ	J	NO	0034000					MEDICARE SUPPLEMENT	39,357	12,128	30.8	9	0	0	0.0	0
	CNHIC-MS-AA-A-SC	A	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-SC	F	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	11,528	8,248	71.5	26
YES	CNHIC-MS-AA-F-SC	F	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-SC	G	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	74,286	39,299	52.9	268
YES	CNHIC-MS-AA-G-SC	G	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	0	74	0.0	0
YES	CNHIC-MS-AA-N-SC	N	NO	0234060					MEDICARE SUPPLEMENT	0	0	0.0	0	8,588	5,188	60.4	40
YES	CNHIC-MS-AA-N-SC	N	NO	0234060					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	
YES.....	3MF.....	F.....	NO.....	0034060.....					MEDICARE SUPPLEMENT.....	9,147.....	530.....	5.8.....	2.....	0.....	0.....	0.0.....	0.....
YES.....	3MF.....	F.....	NO.....	0034060.....					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	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	3ME (TN)	E	NO	0034000					MEDICARE SUPPLEMENT	2,377	1,301	54.7	0	0	0	0.0	0
YES	3ME (TN)	E	NO	0034000					MEDICARE SUPPLEMENT	0	(35)	0.0	0	0	0	0.0	0
YES	3MF (TN)	F	NO	0034000					MEDICARE SUPPLEMENT	4,015	701	17.5	1	0	0	0.0	0
YES	3MF (TN)	F	NO	0034000					MEDICARE SUPPLEMENT	8,330	3,136	37.6	2	0	0	0.0	0
YES	3MF (TN)	F	NO	0034000					MEDICARE SUPPLEMENT	14,488	969	6.7	3	0	0	0.0	0
YES	3MG (TN)	G	NO	0034000					MEDICARE SUPPLEMENT	4,504	1,534	34.1	1	0	0	0.0	0
YES	3MG (TN)	G	NO	0034000					MEDICARE SUPPLEMENT	28,815	15,652	54.3	7	0	0	0.0	0
YES	3MG (TN)	G	NO	0034000					MEDICARE SUPPLEMENT	10,469	4,391	41.9	2	0	0	0.0	0
YES	3MG (TN)	G	NO	0034000					MEDICARE SUPPLEMENT	3,381	26,853	794.2	0	0	0	0.0	0
YES	3MI (TN)	I	NO	0034000					MEDICARE SUPPLEMENT	3,209	(275)	(8.6)	0	0	0	0.0	0
YES	3MK (TN)	F	NO	0034000					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
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 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					MEDICARE SUPPLEMENT	4,881	266	5.4	1	0	0	0.0	0
YES	3MD(TX)	D	NO	0034000					MEDICARE SUPPLEMENT	3,922	(3)	(0.1)	1	0	0	0.0	0
YES	3MD(TX)	D	NO	0034000					MEDICARE SUPPLEMENT	4,233	500	11.8	1	0	0	0.0	0
YES	3MD(TX)	D	NO	0034000					MEDICARE SUPPLEMENT	5,633	552	9.8	1	0	0	0.0	0
YES	3ME(TX)	E	NO	0034000					MEDICARE SUPPLEMENT	7,603	5,484	72.1	2	0	0	0.0	0
YES	3ME(TX)	E	NO	0034000					MEDICARE SUPPLEMENT	19,411	8,635	44.5	5	0	0	0.0	0
YES	3MF(TX)	F	NO	0034000					MEDICARE SUPPLEMENT	76,278	33,084	43.4	11	0	0	0.0	0
YES	3MF(TX)	F	NO	0034000					MEDICARE SUPPLEMENT	82,987	37,540	45.2	12	0	0	0.0	0
YES	3MF(TX)	F	NO	0034000					MEDICARE SUPPLEMENT	5,602	508	9.1	1	0	0	0.0	0
YES	3MG(TX)	G	NO	0034000					MEDICARE SUPPLEMENT	21,548	5,257	24.4	4	0	0	0.0	0
YES	3MG(TX)	G	NO	0034000					MEDICARE SUPPLEMENT	18,265	15,412	84.4	3	0	0	0.0	0
YES	3MG(TX)	G	NO	0034000					MEDICARE SUPPLEMENT	4,473	2,027	45.3	1	0	0	0.0	0
YES	3MH(TX)	H	NO	0034000					MEDICARE SUPPLEMENT	1,479	3,940	266.4	0	0	0	0.0	0
YES	3MI(TX)	I	NO	0034000					MEDICARE SUPPLEMENT	4,706	251	5.3	1	0	0	0.0	0
YES	3MI(TX)	I	NO	0034000					MEDICARE SUPPLEMENT	2,022	7,694	380.5	0	0	0	0.0	0
YES	3MJ(TX)	J	NO	0034000					MEDICARE SUPPLEMENT	17,002	4,150	24.4	4	0	0	0.0	0
YES	3MJ(TX)	J	NO	0034000					MEDICARE SUPPLEMENT	19,404	6,253	32.2	5	0	0	0.0	0
YES	3MK(TX)	F	NO	0034000					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					MEDICARE SUPPLEMENT	4,398	171	3.9	1	0	0	0.0	0
YES	3MD (VA)	D	NO	0034000					MEDICARE SUPPLEMENT	7,972	2,574	32.3	2	0	0	0.0	0
YES	3MD (VA)	D	NO	0034000					MEDICARE SUPPLEMENT	3,872	2,001	51.7	1	0	0	0.0	0
YES	3MF (VA)	F	NO	0034000					MEDICARE SUPPLEMENT	50,078	22,493	44.9	11	0	0	0.0	0
YES	3MF (VA)	F	NO	0034000					MEDICARE SUPPLEMENT	134,145	61,643	46.0	27	0	0	0.0	0
YES	3MF (VA)	F	NO	0034000					MEDICARE SUPPLEMENT	59,788	18,457	30.9	13	0	0	0.0	0
YES	3MG (VA)	G	NO	0034000					MEDICARE SUPPLEMENT	45,490	40,956	90.0	10	0	0	0.0	0
YES	3MG (VA)	G	NO	0034000					MEDICARE SUPPLEMENT	31,167	25,530	81.9	7	0	0	0.0	0
YES	3MG (VA)	G	NO	0034000					MEDICARE SUPPLEMENT	3,397	393	11.6	1	0	0	0.0	0
YES	3MH (VA)	H	NO	0034000					MEDICARE SUPPLEMENT	8,826	1,408	16.0	2	0	0	0.0	0
YES	3MH (VA)	H	NO	0034000					MEDICARE SUPPLEMENT	47,947	34,087	71.1	14	0	0	0.0	0
YES	3MH (VA)	H	NO	0034000					MEDICARE SUPPLEMENT	21,696	12,204	56.3	7	0	0	0.0	0
YES	3MI (VA)	I	NO	0034000					MEDICARE SUPPLEMENT	46,713	22,176	47.5	13	0	0	0.0	0
YES	3MI (VA)	I	NO	0034000					MEDICARE SUPPLEMENT	42,206	8,041	19.1	12	0	0	0.0	0
YES	3MI (VA)	I	NO	0034000					MEDICARE SUPPLEMENT	3,776	1,953	51.7	1	0	0	0.0	0
YES	3MJ (VA)	J	NO	0034000					MEDICARE SUPPLEMENT	189,011	170,027	90.0	45	0	0	0.0	0
YES	3MJ (VA)	J	NO	0034000					MEDICARE SUPPLEMENT	210,259	268,403	127.7	54	0	0	0.0	0
YES	3MJ (VA)	J	NO	0034000					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	

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					MEDICARE SUPPLEMENT	4,030	550	13.6	1	0	0	0.0	0
YES	3MK	F	NO	0034000					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".



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  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	3MF(WY)	F	NO	0034000					MEDICARE SUPPLEMENT	3,413	1,355	39.7	0	0	0	0.0	0
YES	3MF(WY)	F	NO	0034000					MEDICARE SUPPLEMENT	5,018	171	3.4	1	0	0	0.0	0
YES	3MF(WY)	F	NO	0034000					MEDICARE SUPPLEMENT	15,887	11,713	73.7	2	0	0	0.0	0
YES	3MG(WY)	G	NO	0034000					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				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

**SCHEDULE O SUPPLEMENT**

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

Of The Cigna National Health Insurance Company  
ADDRESS (City, State and Zip Code) Cleveland , OH 44114  
NAIC Group Code 0901 NAIC Company Code 61727 Employer's Identification Number (FEIN) 34-0970995

**SUPPLEMENTAL SCHEDULE O - PART 1**

**Development of Incurred Losses**  
**(\$000 Omitted)**

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred		Cumulative Net Amounts Paid Policyholders				
		1 2016	2 2017	3 2018	4 2019	5 2020(a)
1.	Prior	173	175	174	174	174
2.	2016	16	18	18	18	18
3.	2017	XXX	17	18	18	18
4.	2018	XXX	XXX	15	15	15
5.	2019	XXX	XXX	XXX	15	15
6.	2020	XXX	XXX	XXX	XXX	8

**Section B - Other Accident and Health**

1.	Prior	55,497	55,494	55,493	55,492	55,492
2.	2016	2,324	2,581	2,583	2,582	2,582
3.	2017	XXX	2,066	2,316	2,318	2,322
4.	2018	XXX	XXX	1,740	1,955	1,926
5.	2019	XXX	XXX	XXX	1,470	1,580
6.	2020	XXX	XXX	XXX	XXX	1,467

**Section C - Credit Accident and Health**

1.	Prior	NONE				
2.	2016					
3.	2017					
4.	2018					
5.	2019					
6.	2020					

**Section D -**

1.	Prior	NONE				
2.	2016					
3.	2017					
4.	2018					
5.	2019					
6.	2020					

**Section E -**

1.	Prior	NONE				
2.	2016					
3.	2017					
4.	2018					
5.	2019					
6.	2020					

**Section F -**

1.	Prior	NONE				
2.	2016					
3.	2017					
4.	2018					
5.	2019					
6.	2020					

**Section G -**

1.	Prior	NONE				
2.	2016					
3.	2017					
4.	2018					
5.	2019					
6.	2020					

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses  
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	NONE				
2. 2016 .....					
3. 2017 .....					
4. 2018 .....					
5. 2019 .....					
6. 2020 .....					

Section B - Other Accident and Health

1. Prior .....	0	0	0	0	
2. 2016 .....					
3. 2017 .....	XXX	7	0	0	
4. 2018 .....	XXX	XXX	1	0	
5. 2019 .....	XXX	XXX	XXX	3	
6. 2020 .....	XXX	XXX	XXX	XXX	2

Section C - Credit Accident and Health

1. Prior .....	NONE				
2. 2016 .....					
3. 2017 .....					
4. 2018 .....					
5. 2019 .....					
6. 2020 .....					

Section D -

1. Prior .....	NONE				
2. 2016 .....					
3. 2017 .....					
4. 2018 .....					
5. 2019 .....					
6. 2020 .....					

Section E -

1. Prior .....	NONE				
2. 2016 .....					
3. 2017 .....					
4. 2018 .....					
5. 2019 .....					
6. 2020 .....					

Section F -

1. Prior .....	NONE				
2. 2016 .....					
3. 2017 .....					
4. 2018 .....					
5. 2019 .....					
6. 2020 .....					

Section G -

1. Prior .....	NONE				
2. 2016 .....					
3. 2017 .....					
4. 2018 .....					
5. 2019 .....					
6. 2020 .....					

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

**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O - PART 3**

**Development of Incurred Losses**  
**(\$000 Omitted)**

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. 2016 .....	27	18	18	XXX	XXX
2. 2017 .....	XXX	21	18	18	XXX
3. 2018 .....	XXX	XXX	18	15	15
4. 2019 .....	XXX	XXX	XXX	17	15
5. 2020	XXX	XXX	XXX	XXX	10

**Section B - Other Accident and Health**

1. 2016 .....	2,603	2,582	2,583	XXX	XXX
2. 2017 .....	XXX	2,298	2,318	2,318	XXX
3. 2018 .....	XXX	XXX	1,936	1,956	1,928
4. 2019 .....	XXX	XXX	XXX	1,630	1,582
5. 2020	XXX	XXX	XXX	XXX	1,767

**Section C - Credit Accident and Health**

1. 2016 .....				XXX	XXX
2. 2017 .....	XXX				XXX
3. 2018 .....	XXX	XXX			
4. 2019 .....	XXX	XXX	XXX		
5. 2020	XXX	XXX	XXX	XXX	

**Section D -**

1. 2016 .....				XXX	XXX
2. 2017 .....	XXX				XXX
3. 2018 .....	XXX				
4. 2019 .....	XXX	XX	XXX		
5. 2020	XXX	XX	XXX	XXX	

**Section E -**

1. 2016 .....				XXX	XXX
2. 2017 .....	XXX				XXX
3. 2018 .....	XXX				
4. 2019 .....	XX	XX	XXX		
5. 2020	XXX	XX	XXX	XXX	

**Section F -**

1. 2016 .....				XXX	XXX
2. 2017 .....	XXX				XXX
3. 2018 .....	XXX				
4. 2019 .....	XX	XX	XXX		
5. 2020	XXX	XX	XXX	XXX	

**Section G -**

1. 2016 .....				XXX	XXX
2. 2017 .....	XXX				XXX
3. 2018 .....	XXX				
4. 2019 .....	XX	XX	XXX		
5. 2020	XXX	XX	XXX	XXX	



SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses  
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. 2016 .....	27	18	18	0	
2. 2017 .....	XXX	21	18	18	
3. 2018 .....	XXX	XXX	18	15	15
4. 2019 .....	XXX	XXX	XXX	17	15
5. 2020 .....	XXX	XXX	XXX	XXX	10

Section B - Other Accident and Health

1. 2016 .....	2,603	2,582	2,583	0	
2. 2017 .....	XXX	2,305	2,318	2,318	
3. 2018 .....	XXX	XXX	1,937	1,956	1,928
4. 2019 .....	XXX	XXX	XXX	1,633	1,582
5. 2020 .....	XXX	XXX	XXX	XXX	1,769

Section C - Credit Accident and Health

1. 2016 .....					
2. 2017 .....	XXX				
3. 2018 .....	XXX	XXX			
4. 2019 .....	XXX	XXX	XXX		
5. 2020 .....	XXX	XXX	XXX	XXX	

Section D -

1. 2016 .....					
2. 2017 .....	XXX				
3. 2018 .....	XXX	XXX			
4. 2019 .....	XXX	XXX	XXX		
5. 2020 .....	XXX	XXX	XXX	XXX	

Section E -

1. 2016 .....					
2. 2017 .....	XXX				
3. 2018 .....	XXX	XXX			
4. 2019 .....	XXX	XXX	XXX		
5. 2020 .....	XXX	XXX	XXX	XXX	

Section F -

1. 2016 .....					
2. 2017 .....	XXX				
3. 2018 .....	XXX	XXX			
4. 2019 .....	XXX	XXX	XXX		
5. 2020 .....	XXX	XXX	XXX	XXX	

Section G -

1. 2016 .....					
2. 2017 .....	XXX				
3. 2018 .....	XXX	XXX			
4. 2019 .....	XXX	XXX	XXX		
5. 2020 .....	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business		1 Methodology	2 Amount
1.	Industrial Life .....	None .....	
2.	Ordinary Life .....	None .....	
3.	Individual Annuity .....	None .....	
4.	Supplementary Contracts .....	None .....	
5.	Credit Life .....	None .....	
6.	Group Life .....	None .....	
7.	Group Annuities .....	None .....	
8.	Group Accident and Health .....	Development .....	2
9.	Credit Accident and Health .....	None .....	
10.	Other Accident and Health .....	Development .....	302
11.	Total .....		304