



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

ANNUAL STATEMENT

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

Cigna National Health Insurance Company

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

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

Country of Domicile United States of America

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

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

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

Main Administrative Office 11200 Lakeline Blvd Ste 100
(Street and Number) Austin, TX, US 78717, 512-451-2224
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 11200 Lakeline Blvd Ste 100
(Street and Number) Austin, TX, US 78717, 512-451-2224
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.CignaSupplementalBenefits.com

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

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

State of Tennessee SS: _____
County of Davidson

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

Stephen Burnett Jones
President

Byron Keith Buescher
Treasurer and Chief Accounting Officer

Jill Mary Stadelman
Secretary

Subscribed and sworn to before me this _____ day of _____

a. Is this an original filing? Yes [X] No []
b. 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

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		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
Annuites:						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	27	1,580,934	0	(a)	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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		710				710
2. Annuity considerations			XXX		XXX	0
3. Deposit-type contract funds						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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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										
20. In force December 31, prior year	2	80,000	0	(a)	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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 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

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		6,011				6,011
2. Annuity considerations						0
3. Deposit-type contract funds			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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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		5,302				5,302
2. Annuity considerations						0
3. Deposit-type contract funds			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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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		12				12
2. Annuity considerations			XXX		XXX	0
3. Deposit-type contract funds						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
Annuites:						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	488	0	(a)	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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			
24.4 Medicare Title XVIII exempt from state taxes or fees					1,792	1,763
Other Individual Policies:						
25.1 Non-cancellable (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 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

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		1,016				1,016
2. Annuity considerations						0
3. Deposit-type contract funds			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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (b)					
25.2 Guaranteed renewable (b)			3		
25.3 Non-renewable for stated reasons only (b)					(76)
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 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

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						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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	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	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	0	0	0	(a)	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (b)					
25.2 Guaranteed renewable (b)					411
25.3 Non-renewable for stated reasons only (b)					411
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

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		413				413
2. Annuity considerations						0
3. Deposit-type contract funds			XXX			0
4. Other considerations					XXX	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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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 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

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		2,995				2,995
2. Annuity considerations						0
3. Deposit-type contract funds			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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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		53		61		114
2. Annuity considerations						0
3. Deposit-type contract funds			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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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		265				265
2. Annuity considerations						0
3. Deposit-type contract funds			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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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 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

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		15,819				15,819
2. Annuity considerations						0
3. Deposit-type contract funds			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
Annuites:						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										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	.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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	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
24.4 Medicare Title XVIII exempt from state taxes or fees					144
Other Individual Policies:					
25.1 Non-cancellable (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

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		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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	.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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				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
24.4 Medicare Title XVIII exempt from state taxes or fees					2,898
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

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		1,906				1,906
2. Annuity considerations						0
3. Deposit-type contract funds			XXX			0
4. Other considerations					XXX	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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (b)					
25.2 Guaranteed renewable (b)	50,454	50,460			28,990
25.3 Non-renewable for stated reasons only (b)					28,284
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

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		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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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			
24.4 Medicare Title XVIII exempt from state taxes or fees						
Other Individual Policies:						
25.1 Non-cancellable (b)						
25.2 Guaranteed renewable (b)		126,829	128,225			
25.3 Non-renewable for stated reasons only (b)				(1)		
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		
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		129,556	131,019	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 Kentucky

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		1,025				1,025
2. Annuity considerations						0
3. Deposit-type contract funds			XXX			0
4. Other considerations					XXX	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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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		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
Annuites:						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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										
20. In force December 31, prior year	2	100,566	0	(a)	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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		1,633				1,633
2. Annuity considerations						0
3. Deposit-type contract funds			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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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	0	4,535	4,179
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		4,669	4,700	0	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

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		6,587				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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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						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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	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	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	0	0	0	(a)	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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		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
Annuites:						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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	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	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	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	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	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	0
14. All other benefits, except accident and health						0
15. Totals	28,318	0	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	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	.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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				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-cancellable (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

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						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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	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	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	0	0	0	(a)	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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 _____ and number of persons insured under indemnity only products _____.



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

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						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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	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	0
14. All other benefits, except accident and health						0
15. Totals	0	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	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	0	0	0	(a)	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

(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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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 _____ and number of persons insured under indemnity only products _____.



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

DIRECT BUSINESS IN THE STATE OF Nevada

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		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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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										
20. In force December 31, prior year	1	51,938	0	(a)	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	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	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	0	0	0	(a)	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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		1,096				1,096
2. Annuity considerations						0
3. Deposit-type contract funds			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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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 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			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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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		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
Annuites:						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
20. In force December 31, prior year	2	12,455	0	(a)	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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		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
Annuites:						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	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	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-cancellable (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			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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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						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	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	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	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	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	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	25,000	0	(a)	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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		16,532				16,532
2. Annuity considerations						0
3. Deposit-type contract funds			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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	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-cancellable (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

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		632				632
2. Annuity considerations			XXX		XXX	0
3. Deposit-type contract funds						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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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

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		11,529				11,529
2. Annuity considerations						0
3. Deposit-type contract funds			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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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 _____ and number of persons insured under indemnity only products _____.



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

DIRECT BUSINESS IN THE STATE OF Texas

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		18,323				18,323
2. Annuity considerations						0
3. Deposit-type contract funds			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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	.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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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)		1,573	1,573			(1)
24.3 Collectively renewable policies/certificates (b)						
24.4 Medicare Title XVIII exempt from state taxes or fees						
Other Individual Policies:						
25.1 Non-cancellable (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 _____ 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

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		2,481				2,481
2. Annuity considerations						0
3. Deposit-type contract funds			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
Annuites:						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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										
20. In force December 31, prior year	2	103,024	0 (a)	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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 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

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		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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	.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	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-cancellable (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 _____ 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

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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	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	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	0	0	0	(a)	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (b)					
25.2 Guaranteed renewable (b)	5,855	5,855			205
25.3 Non-renewable for stated reasons only (b)					160
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

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		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
Annuites:						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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	0	844	766
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		7,251	7,239	0	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

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						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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	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	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	0	0	0	(a)	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	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-cancellable (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

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	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	0
Annuites:						
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	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	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	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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										
18.2 By payment on compromised claims										
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										
18.5 Amount rejected										
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
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	0	0	0	(a)	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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-cancellable (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
Annuites:						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 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	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	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 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		0	0	0	0	0
Other Individual Policies:						
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

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 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

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

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 Number	NAIC Designation	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)
1.		LONG-TERM BONDS										
1.1	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

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

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

Line Number	NAIC Designation	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)
18.		SHORT-TERM BONDS										
19.1	1	Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.2	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.3	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.4	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.5	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
19.6	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.7	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.8	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.9		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 Number	NAIC Designation	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)
32		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality				XXX	0	0.0011	0	0.0057	0	0.0074
36.		Farm Mortgages - CM2 - High Quality				XXX	0	0.0040	0	0.0114	0	0.0149
37.		Farm Mortgages - CM3 - Medium Quality				XXX	0	0.0069	0	0.0200	0	0.0257
38.		Farm Mortgages - CM4 - Low Medium Quality				XXX	0	0.0120	0	0.0343	0	0.0428
39.		Farm Mortgages - CM5 - Low Quality				XXX	0	0.0183	0	0.0486	0	0.0628
40.		Residential Mortgages - Insured or Guaranteed				XXX	0	0.0003	0	0.0007	0	0.0011
41.		Residential Mortgages - All Other				XXX	0	0.0015	0	0.0034	0	0.0046
42.		Commercial Mortgages - Insured or Guaranteed				XXX	0	0.0003	0	0.0007	0	0.0011
43.		Commercial Mortgages - All Other - CM1 - Highest Quality				XXX	0	0.0011	0	0.0057	0	0.0074
44.		Commercial Mortgages - All Other - CM2 - High Quality				XXX	0	0.0040	0	0.0114	0	0.0149
45.		Commercial Mortgages - All Other - CM3 - Medium Quality				XXX	0	0.0069	0	0.0200	0	0.0257
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality				XXX	0	0.0120	0	0.0343	0	0.0428
47.		Commercial Mortgages - All Other - CM5 - Low Quality				XXX	0	0.0183	0	0.0486	0	0.0628
Overdue, Not in Process:												
48.		Farm Mortgages				XXX	0	0.0480	0	0.0868	0	0.1371
49.		Residential Mortgages - Insured or Guaranteed				XXX	0	0.0006	0	0.0014	0	0.0023
50.		Residential Mortgages - All Other				XXX	0	0.0029	0	0.0066	0	0.0103
51.		Commercial Mortgages - Insured or Guaranteed				XXX	0	0.0006	0	0.0014	0	0.0023
52.		Commercial Mortgages - All Other				XXX	0	0.0480	0	0.0868	0	0.1371
In Process of Foreclosure:												
53.		Farm Mortgages				XXX	0	0.0000	0	0.1942	0	0.1942
54.		Residential Mortgages - Insured or Guaranteed				XXX	0	0.0000	0	0.0046	0	0.0046
55.		Residential Mortgages - All Other				XXX	0	0.0000	0	0.0149	0	0.0149
56.		Commercial Mortgages - Insured or Guaranteed				XXX	0	0.0000	0	0.0046	0	0.0046
57.		Commercial Mortgages - All Other				XXX	0	0.0000	0	0.1942	0	0.1942
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
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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

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

Line Number	NAIC Designation	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)
33		COMMON STOCK										
1.		Unaffiliated - Public		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	
2.		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0061	0	0.0097	
4.		Affiliated - Life with AVR	9,283,439	XXX	XXX	9,283,439	0.0000	0	0.0000	0	0.0000	
5.		Affiliated - Investment Subsidiary:										
6.		Fixed Income - Exempt Obligations				0	XXX		XXX		XXX	
7.		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
8.		Fixed Income - High Quality				0	XXX		XXX		XXX	
9.		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
10.		Fixed Income - Low Quality				0	XXX		XXX		XXX	
11.		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
12.		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
13.		Unaffiliated Common Stock - Public				0	0.0000	0	0.1580 (a)	0	0.1580 (a)	
14.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1945	0	0.1945	
15.		Real Estate				0	(b)	0	(b)	0	(b)	
16.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	
17.		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	
		Total Common Stock (Sum of Lines 1 through 16)	9,283,439	0	0	9,283,439	XXX	0	XXX	0	XXX	
		REAL ESTATE										
18.		Home Office Property (General Account only)				0	0.0000	0	0.0912	0	0.0912	
19.		Investment Properties				0	0.0000	0	0.0912	0	0.0912	
20.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	
21.		Total Real Estate (Sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	
22.	1	OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	
		Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	
		High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	
		Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	
		Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	
		Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	
27.	2	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	
		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	

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

Line Number	NAIC Designation	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)
		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	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

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

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

Line Number	NAIC Designation	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)
65.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
66.		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	
67.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	
68.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	
69.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	
70.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	
		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	
71.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
72.		Home Office Property (General Account only)				0	0.0000	0	0.0912	0	0.0912	
73.		Investment Properties				0	0.0000	0	0.0912	0	0.0912	
74.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	
		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	
75.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
76.		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	
77.		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	
78.		Guaranteed State Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	
79.		Non-guaranteed State Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	
80.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	
		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	
81.		ALL OTHER INVESTMENTS										
82.		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0042	0	0.0042	
83.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0137	0	0.0137	
84.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1580	0	0.1580	
85.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1580	0	0.1580	
		Total All Other (Sum of Lines 81, 82, 83 and 84)	0	XXX	0	0	XXX	0	XXX	0	XXX	
		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	

(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									
	1 Amount	2 %							1 Amount	2 %	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	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	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		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	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 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
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

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
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

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	0								
2. Premiums earned	0								
3. Incurred claims	0		0	0					
4. Commissions	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

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

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses 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 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
63312 .. 13-1935920 .. 08/31/2012 .. Great American Life Insurance Company	63312	13-1935920	08/31/2012	OH	88,439	
88340 .. 59-2859797 .. 08/01/2006 .. Hanover Life Reassurance Co of America	88340	59-2859797	08/01/2006	FL	75,816	
0899999. Life and Annuity - U.S. Non-Affiliates					0	164,255
1099999. Total Life and Annuity - Non-Affiliates					0	164,255
1199999. Total Life and Annuity					0	164,255
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
88340 .. 59-2859797 .. 08/01/2006 .. Hanover Life Reassurance Company of Ame	88340	59-2859797	08/01/2006	FL	124,504	50,107
88340 .. 59-2859797 .. 01/01/1998 .. Hanover Life Reassurance Co of America	88340	59-2859797	01/01/1998	FL	500	3,278
71404 .. 47-0463747 .. 01/01/2006 .. Continental General Insurance Company	71404	47-0463747	01/01/2006	TX	1,573	0
60836 .. 42-0113630 .. 08/01/2006 .. American Republic Insurance Company	60836	42-0113630	08/01/2006	IA		4,672
1999999. Accident and Health - U.S. Non-Affiliates					126,577	58,057
2199999. Total Accident and Health - Non-Affiliates					126,577	58,057
2299999. Total Accident and Health					126,577	58,057
2399999. Total U.S. (Sum of 0399999, 0699999, 1499999 and 1999999)					126,577	222,312
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					126,577	222,312

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 Current Year	10 Prior Year		12 Current Year	13 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			

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 Current Year	10 Prior Year		12 Current Year	13 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 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		
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 6Five 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	0
24. Letters of credit (L)	0	0	0	0	0
25. Trust agreements (T)	0	0	0	0	0
26. Other (O)	0	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)
ASSETS (Page 2, Col. 3)			
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
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
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
NET CREDIT FOR CEDED REINSURANCE			
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

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	16,270	2,200			0	18,470
2. Alaska	AK	710	0			0	710
3. Arizona	AZ	6,011	0			0	6,011
4. Arkansas	AR	5,302	0			0	5,302
5. California	CA	12	0			0	12
6. Colorado	CO	1,016	0			0	1,016
7. Connecticut	CT	0	0			0	0
8. Delaware	DE	413	0			0	413
9. District of Columbia	DC	0	0			0	0
10. Florida	FL	2,995	0			0	2,995
11. Georgia	GA	114	0			0	114
12. Hawaii	HI	0	0			0	0
13. Idaho	ID	265	0			0	265
14. Illinois	IL	15,819	0			0	15,819
15. Indiana	IN	41,144	9,374			0	50,518
16. Iowa	IA	1,906	0			0	1,906
17. Kansas	KS	25,040	1,200			0	26,240
18. Kentucky	KY	1,025	0			0	1,025
19. Louisiana	LA	301	0			0	301
20. Maine	ME	0	0			0	0
21. Maryland	MD	1,633	0			0	1,633
22. Massachusetts	MA	0	0			0	0
23. Michigan	MI	6,587	11,302			0	17,889
24. Minnesota	MN	0	0			0	0
25. Mississippi	MS	815	0			0	815
26. Missouri	MO	20,373	0			0	20,373
27. Montana	MT	0	0			0	0
28. Nebraska	NE	0	0			0	0
29. Nevada	NV	600	0			0	600
30. New Hampshire	NH	0	0			0	0
31. New Jersey	NJ	0	0			0	0
32. New Mexico	NM	0	0			0	0
33. New York	NY	1,096	0			0	1,096
34. North Carolina	NC	82,433	0			0	82,433
35. North Dakota	ND	726	0			0	726
36. Ohio	OH	73,048	77,214			0	150,262
37. Oklahoma	OK	3,202	0			0	3,202
38. Oregon	OR	0	0			0	0
39. Pennsylvania	PA	6,943	3,500			0	10,443
40. Rhode Island	RI	0	0			0	0
41. South Carolina	SC	16,532	0			0	16,532
42. South Dakota	SD	632	0			0	632
43. Tennessee	TN	11,529	0			0	11,529
44. Texas	TX	18,323	0			0	18,323
45. Utah	UT	2,481	0			0	2,481
46. Vermont	VT	0	0			0	0
47. Virginia	VA	52,613	0			0	52,613
48. Washington	WA	0	0			0	0
49. West Virginia	WV	7,280	0			0	7,280
50. Wisconsin	WI	0	0			0	0
51. Wyoming	WY	0	0			0	0
52. American Samoa	AS	0	0			0	0
53. Guam	GU	0	0			0	0
54. Puerto Rico	PR	0	0			0	0
55. U.S. Virgin Islands	VI	0	0			0	0
56. Northern Mariana Islands	MP	0	0			0	0
57. Canada	CAN	0	0			0	0
58. Aggregate Other Alien	OT	0	0			0	0
59. Total		425,189	104,790	0	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	Domiciliary Location	Relationship 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 Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (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	CA	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					AristalMD, 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				Berwick Apartments LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	85.000	Cigna Corporation	N	
..0901	Cigna Group	43-1815573					Biopathners in Care, Inc.	MO	NIA	Accredo Health, Incorporated	Ownership.....	100.000	Cigna Corporation	N	
..0901	Cigna Group	06-1522976					Blodget & 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	

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 Loca-tion	Rela-tion-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-INV 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 ..		

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

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.0901	Cigna Group		84-2083351			CG-AO 477 South Market Street LLC	DE.. N/A.	CARING Firestone Investor LLC	Ownership..	85.000	Cigna Corporation		N.		
.0901	Cigna Group		84-4773972			CG-LEO IPB Venture LLC	DE.. N/A.	CARING IPB Investor LLC	Ownership..	90.000	Cigna Corporation		N.		
.0901	Cigna Group		84-4747045			CG-LEO IPB I LLC	DE.. N/A.	CARING IPB Investor LLC	Ownership..	90.000	Cigna Corporation		N.		
.0901	Cigna Group		84-4755025			CG-LEO IPB II LLC	DE.. N/A.	CARING IPB Investor LLC	Ownership..	90.000	Cigna Corporation		N.		
.0901	Cigna Group		83-2993316			CG-Muller 550 Winchester, LLC	DE.. N/A.	Cigna Century Plaza Investor LLC	Ownership..	90.000	Cigna Corporation		N.		
.0901	Cigna Group		45-5499889			CG Seventh Street, LLC	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	87.500	Cigna Corporation		N.		
.0901	Cigna Group		82-1280312			CG/Wood Alta 601, LLC	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	90.000	Cigna Corporation		N.		
.0901	Cigna Group		85-2233381			CG/Wood Alta Leander Station, LLC	DE.. N/A.	CARING Alta Leander Investor LLC	Ownership..	90.000	Cigna Corporation		N.		
.0901	Cigna Group		81-3281922			CGGL Chapman LLC	DE.. N/A.	CGGL Orange Collection LLC	Ownership..	90.000	Cigna Corporation		N.		
.0901	Cigna Group		81-3313562			CGGL City Parkway LLC	DE.. N/A.	CGGL Orange Collection LLC	Ownership..	90.000	Cigna Corporation		N.		
.0901	Cigna Group		61-1797835			CGGL Orange Collection LLC	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	90.000	Cigna Corporation		N.		
.0901	Cigna Group		00-0000000			CGGL Orange Collection Mezz LLC	DE.. N/A.	CARING Orange Collection Investor LLC	Ownership..	100.000	Cigna corporation		N.		
.0901	Cigna Group		84-1921719			CGGL XR International LLC	DE.. N/A.	CARING XR International Investor LLC	Ownership..	90.000	Cigna Corporation		N.		
.0901	Cigna Group		84-1843578			CGGL XR 2 International LLC	DE.. N/A.	CARING XR 2 International Investor LLC	Ownership..	90.000	Cigna Corporation		N.		
.0901	Cigna Group		00-0000000			CGO Participatos LTDA	BRA.. N/A.	Cigna Global Holdings, Inc.	Ownership..	99.780	Cigna Corporation		N.		
.0901	Cigna Group		59-3466707			Chiro Alliance Corporation	FL.. N/A.	eviCore healthcare MSI, LLC	Ownership..	100.000	Cigna Corporation		N.		
.0901	Cigna Group		81-3389374			CIG-LEI Ygnacio Associates LLC	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	90.000	Cigna Corporation		N.		
.0901	Cigna Group		82-4774243			CI-GS Portland, LLC	DE.. N/A.	CARING 18th & Salmon Investor LLC	Ownership..	86.200	cigna Corporation		N.		
.0901	Cigna Group		82-1612980			CI-GS Hillcrest LLC	DE.. N/A.	CARING Hillcrest Investor LLC	Ownership..	90.000	Cigna Corporation		N.		
.0901	Cigna Group		00-0000000			Cigna & CMB Asset Management Company Limited	CHN.. N/A.	Cigna & CMB Life Insurance Company Limited	Ownership..	87.350	Cigna Corporation		N.		
.0901	Cigna Group		00-0000000			Cigna & CMB Health Services Company, Ltd.	CHN.. N/A.	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.. N/A.	Cigna European Services (UK) Limited	Ownership..	100.000	Cigna Corporation		N.		
.0901	Cigna Group		27-5402196			Cigna Affiliates Realty Investment Group, LLC	DE.. N/A.	Connecticut General Life Insurance Company	Ownership..	100.000	Cigna Corporation		N.		
.0901	Cigna Group		00-0000000			Cigna Alder Holdings, LLC	DE.. N/A.	Cigna Apac Holdings, Ltd.	Ownership..	100.000	Cigna Corporation		N.		
.0901	Cigna Group		00-0000000			Cigna Apac Holdings, Ltd.	BNU.. N/A.	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.. N/A.	Cigna Elmwood Holdings, SPRL	Ownership..	51.000	Cigna Corporation		N.		
.0901	Cigna Group		94-3107309			Cigna Behavioral Health of California, Inc.	CA.. N/A.	Cigna Behavioral Health, Inc.	Ownership..	100.000	Cigna Corporation		N.		
.0901	Cigna Group		75-2751090			Cigna Behavioral Health of Texas, Inc.	TX.. N/A.	Cigna Behavioral Health, Inc.	Ownership..	100.000	Cigna Corporation		N.		
.0901	Cigna Group		41-1648670			Cigna Behavioral Health, Inc.	MN.. N/A.	Connecticut General Corporation	Ownership..	100.000	Cigna Corporation		N.		
.0901	Cigna Group		00-0000000			Cigna Bellevue Alpha LLC	DE.. N/A.	Cigna Holdings Overseas, Inc.	Ownership..	100.000	Cigna Corporation		N.		
.0901	Cigna Group		02-0515554			Cigna Benefit Technology Solutions, Inc.	DE.. N/A.	Cigna Health Corporation	Ownership..	100.000	Cigna Corporation		N.		
.0901	Cigna Group		01-0947889		0001489070	Cigna Benefits Financing, Inc.	DE.. N/A.	Cigna Investments, Inc.	Ownership..	100.000	Cigna Corporation		N.		
.0901	Cigna Group		00-0000000			Cigna Brokerage & Marketing (Thailand) Limited	THA.. N/A.	RHP Thailand Limited	Ownership..	53.250	Cigna Corporation		N.		
.0901	Cigna Group		00-0000000			Cigna Cedar Holdings, Ltd.	MLT.. N/A.	Cigna Apac Holdings, Ltd.	Ownership..	100.000	Cigna Corporation		N.		
.0901	Cigna Group		98-1137759			Cigna Chestnut Holdings, Ltd.	GBR.. N/A.	Cigna Walnut Holdings, Ltd.	Ownership..	100.000	Cigna Corporation		N.		
.0901	Cigna Group		27-3366038			Cigna Corporate Services, LLC	DE.. N/A.	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.. N/A.	Cigna Hong Kong Holdings Company Limited	Ownership..	100.000	Cigna Corporation		N.		
.0901	Cigna Group		59-2600475			Cigna Dental Health Of California, Inc.	CA.. N/A.	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

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 Loca- tion	Rela- tionship 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 Per- centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re- quired? (Y/N)	*
0901	Cigna Group	52024	06-1351097	59-2625350		Cigna Dental Health of Illinois, Inc.	IL	NIA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	52108	59-2619589			Cigna Dental Health of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	48119	20-2844020			Cigna Dental Health of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	11160	06-1582068			Cigna Dental Health of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	11167	59-2308062			Cigna Dental Health of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95179	56-1803464			Cigna Dental Health of New Jersey, Inc.	NJ	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	47805	59-2579774			Cigna Dental Health of North Carolina, Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	47041	52-1220578			Cigna Dental Health of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95037	59-2676977			Cigna Dental Health of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	52617	52-2188914			Cigna Dental Health of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	47013	86-0807222			Cigna Dental Health of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		59-2308055			Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		58-1136865			Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		98-1155943			Cigna Direct Marketing Company, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna Elmwood Holdings, SPR	BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna Europe Insurance Company S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.99	Cigna Corporation	N		
0901	Cigna Group		62-1724116			Cigna European Services (UK) Limited	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		51-0389196			Cigna Finans Emeklilik Ve Hayat A.S.	TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership	51.00	Cigna Corporation	N		
0901	Cigna Group		68-0676638			Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		98-0210110			Cigna Global Insurance Company Limited	GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	99.99	Cigna Corporation	N		
0901	Cigna Group					Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group					Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.00	Cigna Corporation	N		
0901	Cigna Group					Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	67369	59-1031071			Cigna Health and Life Insurance Company	CT	UDP	Connecticut General Life Insurance Company	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		62-1312478			Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		23-1728483			Cigna Health Management, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna Health Solution India Pvt. Ltd.	IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.90	Cigna Corporation	N		
0901	Cigna Group		23-2741293			Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		84-0985843			Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		95599	52-1404350		Cigna HealthCare Mid-Atlantic, Inc.	MD	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95125	86-0334392			Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		95-3310115			Cigna HealthCare of California, Inc.	CA	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95604	84-1004500			Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95660	06-1141174			Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95136	59-2089259			Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	96229	58-1641057			Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95602	36-3385638			Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95525	35-1679172			Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95477	01-0418220			Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95220	02-0402111			Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95493	02-0387749			Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95500	22-2720890			Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95132	56-1479515			Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95121	23-2301807			Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95708	06-1185590			Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95635	36-3359925			Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95606	62-1218053			Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95383	74-2767437			Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95518	62-1230908			Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		02-0495422			Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna HLA Technology Services Company Limited	HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.00	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	Domiciliary Location	Relationship 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 Percentage	Ultimate Controlling Entity(es)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.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	
.0901	Cigna Group		00-0000000				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	
.0901	Cigna Group		00-0000000				Cigna International Health Services Kenya Limited	KEN	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				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		30-0526216				Cigna International Health Services, LLC	FL	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group						Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation	N	
.0901	Cigna Group						Cigna International Services Australia Pty Ltd.	AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2610178				Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1095823				Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-0861092				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		00-0000000				Cigna Laurel Holdings, Ltd.	BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-1146864				Cigna Legal Protection U.K. Ltd.	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Life Insurance Company of Canada	CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		AA-1560515				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	
.0901	Cigna Group		32-0222252				Cigna Onsite Health, LLC	DE	NIA	Connecticut General Life Insurance Company	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	Domiciliary Location	Relationship 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 Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (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	100.00	Cigna Corporation	.N.		
..0901	Cigna Group		83-1069280			Cigna Ventures, LLC		DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.00	Cigna Corporation	.N.		
..0901	Cigna Group		00-0000000			Cigna Walnut Holdings, Ltd.		GBR	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.00	Cigna Corporation	.N.		
..0901	Cigna Group		00-0000000			Cigna Willow Holdings, Ltd.		GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.00	Cigna Corporation	.N.		
..0901	Cigna Group		00-0000000			Cigna Worldwide General Insurance Company Limited		HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.00	Cigna Corporation	.N.		
..0901	Cigna Group		90859	23-2088429		Cigna Worldwide Insurance Company		DE	IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.00	Cigna Corporation	.N.		
..0901	Cigna Group		00-0000000			Cigna Worldwide Life Insurance Company Limited		HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.00	Cigna Corporation	.N.		
..0901	Cigna Group		00-0000000			Claims and Risk Services Limited		SAU	IA	NAS Neuron Health Services, L.L.C.	Ownership	50.00	Cigna Corporation	.N.		
..0901	Cigna Group		00-0000000			ManipalCigna Health Insurance Company Limited		IND	IA	Cigna Holdings Overseas, Inc.	Ownership	49.00	TTK (non-affiliate)	.N.		
..0901	Cigna Group		84-1461840			Community Health Network, LLC		MT	NIA	Benefit Management Corp.	Ownership	50.00	Cigna Corporation	.N.		
..0901	Cigna Group		06-1252419			Connecticut General Benefit Payments, Inc.		DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	.N.		
..0901	Cigna Group		06-0804391			Connecticut General Corporation		CT	NIA	Cigna Holdings, Inc.	Ownership	100.00	Cigna Corporation	.N.		
..0901	Cigna Group		62308	06-0303370	0000023419	Connecticut General Life Insurance Company		CT	IA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	.N.		
..0901	Cigna Group		82-4936006			CPI-CII 9171 Wilshire JV LLC		DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.00	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-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		43-1942542			Express Scripts Canada Co.		CAN	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation	.N.		
..0901	Cigna Group		27-1490640			Express Scripts Canada Holding Co.		DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N.		
..0901	Cigna Group		00-0000000			Express Scripts Canada Holding, LLC		DE	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation	.N.		
..0901	Cigna Group					Express Scripts Canada Services		CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation	.N.		

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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	Domiciliary Location	Relationship 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 Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0901	Cigna Group					Express Scripts Canada Wholesale .....		.CAN	.NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (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	20-5826948				Express Scripts Pharmaceutical Procurement, LLC .....		.DE	.NIA	ESI Mail Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%)	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	00-0000000				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	30-0789911				Express Scripts Pharmacy West, Ltd. .....		.CAN	.NIA	Express Scripts Canada Services	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	22-3114423				Express Scripts Pharmacy, Inc. .....		.DE	.NIA	Medco Health Services, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	20-3126104				Express Scripts Sales Operations, Inc. .....		.NJ	.NIA	ESI Mail Pharmacy Service, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group					Express Scripts Senior Care Holdings, Inc. .....		.DE	.NIA	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	20-3126075				Express Scripts Senior Care, Inc. .....		.DE	.NIA	Express Scripts Senior Care Holdings, Inc.	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	43-1869712				Express Scripts Specialty Distribution Services, Inc. .....		.DE	.NIA	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	22-2230703				Express Scripts Strategic Development, Inc. .....		.NJ	.NIA	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	43-1869714				Express Scripts Utilization Management Company .....		.DE	.NIA	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	43-1420563				Express Scripts, Inc. .....		.DE	.NIA	Evernorth Health, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	00-0000000				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				Fresco, 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		00-0000000			Gillette Ridge Community Council, Inc. .....		.CT	.NIA	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	20-3700105				Gillette Ridge Golf, LLC .....		.DE	.NIA	Connecticut General Life Insurance Company	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		00-0000000			GRG Acquisitions LLC .....		.DE	.NIA	Connecticut General Life Insurance Company	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		52-2149519			Hazard Center Investment Company LLC .....		.DE	.NIA	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		04-2992335			Healthbridge Reimbursement & Product Support, Inc. .....		.MA	.NIA	Priority Healthcare Corporation	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		26-2159005			Healthbridge, Inc. .....		.DE	.NIA	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-2086778			Health-Lynx, LLC .....		.NJ	.NIA	QualCare Alliance Networks, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1533555			Healthsource Benefits, Inc. .....		.DE	.NIA	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0467679			Healthsource Properties, Inc. .....		.NH	.NIA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0387748			Healthsource, Inc. .....		.DE	.NIA	Cigna Health Corporation	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		12902	20-8534298		HealthSpring Life & Health Insurance Company, Inc. .....		.TX	.IA	NewQuest, LLC	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-8647386			HealthSpring Management of America, LLC .....		.DE	.NIA	NewQuest, LLC	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		11532	65-1129599		HealthSpring of Florida, Inc. .....		.FL	.IA	NewQuest, LLC	Ownership.....	100.000	Cigna Corporation	N	
.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		26-1535476			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			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 Loca-tion	Rela-tion-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		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 CM-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			MAH Pharmacy, 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	

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0901	Cigna Group		20-1222347			MSICO I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		55-0840800			MSI FL, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		26-0181185			MSI MD I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		74-3122235			MSI NC I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		11-3715243			MSI NH II, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		03-0524694			MSI NH, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-1749446			MSI NJ I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-1761914			MSI NV I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		55-0840806			MSI SC II, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		26-0336736			MSI VT I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-2536458			MSI WA, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		36-4833284			MyM Technology Services, LLC		FL	N/A	MyMatrixx Holdings, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		82-1350878			myMatrixx Holdings, LLC		DE	N/A	Express Scripts, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		46-2589799			myMatrixx-B, LLC		FL	N/A	Matrix Healthcare Services, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			NAS Administrative Services Company LLC		ARE	N/A	NAS Neuron Health Services, L.L.C.	Ownership	99.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			NAS Neuron Health Services, L.L.C.		ARE	N/A	Cigna Chestnut Holdings, Ltd.	Ownership	34.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			NAS United SPV		CYM	N/A	NAS Neuron Health Services, L.L.C.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			Neuron LLC		ARE	N/A	NAS Neuron Health Services, L.L.C.	Ownership	99.00	Cigna Corporation	N	
.0901	Cigna Group		52-1929677			NewQuest Management Northeast, LLC		DE	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		33-1033586			NewQuest Management of Alabama, LLC		AL	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-4954206			NewQuest Management of Florida, LLC		FL	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		77-0632665			NewQuest Management of Illinois, LLC		IL	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		45-0633893			NewQuest Management of West Virginia, LLC		DE	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		76-0628370			NewQuest, LLC		TX	N/A	HealthSpring, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		82-5244690			Octave Health Group, Inc.		DE	N/A	Cigna Ventures, LLC	Ownership	10.10	Cigna Corporation	N	
.0901	Cigna Group		91-1599329			Olympic Health Management Services, Inc.		WA	N/A	Olympic Health Management Systems, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		91-1500758			Olympic Health Management Systems, Inc.		WA	N/A	Sterling Life Insurance Company	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			OnePath Life (NZ) Limited		NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		80-0818758			Patient Provider Alliance, Inc.		DE	N/A	Brighter, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		35-1927379			Priority Healthcare Corporation		IN	N/A	CuraScript, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		59-3761140			Priority Healthcare Distribution, Inc.		FL	N/A	Priority Healthcare Corp	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group	67903	23-1335885			Provident American Life & Health Insurance Company		OH	DS	Cigna National Health Insurance Company	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			PT GAR Indonesia		IDN	N/A	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	
.0901	Cigna Group		45-5046449			PUR Arbors Apartments Venture LLC		DE	N/A	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	N	
.0901	Cigna Group		23-3744987			QualCare Alliance Networks, Inc.		NJ	N/A	Cigna Health and Life Insurance Company	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		46-1801639			QualCare Management Resources Limited				QualCare Alliance Networks, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		22-3129563			Liability Company		NJ	N/A	QualCare Alliance Networks, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		45-5569416			QualCare, Inc.		NJ	N/A	QualCare Alliance Networks, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			QPID Health, LLC		DE	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		83-1460134			RHP (Thailand) Limited		THA	N/A	Cigna Apac Holdings, Ltd.	Ownership	49.000	Cigna Corporation	N	
.0901	Cigna Group		84-3254168			Rise-CG Capitol Hill, LP		DE	N/A	CARING Capitol Hill LP LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		35-1641636			Rise-CG JA Lofts Limited Partnership		DE	N/A	JA Lofts Holdings, LLC (.5%); JA Lofts JV	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		46-3593103			Sagamore Health Network, Inc.		IN	N/A	Cigna Health Corporation	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		22-2483867			SB-SNH LLC		DE	N/A	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		95-2876207			Scibal Associates, Inc.		NJ	N/A	QualCare Alliance Networks, Inc.	Ownership	100.00	Cigna Corporation		South Coast Plaza Associates, LLC (non-affiliate)
.0901	Cigna Group		82-1732483			Secon Properties, LP		CA	N/A	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation	N	
.0901	Cigna Group					SOMA Apartments Venture LLC		DE	N/A	Cigna Affiliates Realty Investment Group, 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

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	Domiciliary Location	Relationship 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 Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0901	Cigna Group		82-4405071				Specialty Products Acquisitions, LLC	DE	N/A	Medco Health Solutions, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		61-1317695				SpectraCare Health Care Ventures, Inc.	KY	N/A	SpectraCare, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		61-1147068				SpectraCare, Inc.	KY	N/A	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	N/A	Priority Healthcare Corp	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				SureScripts, LLC	VA	N/A	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	N/A	Medco Health Solutions, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-3074013				Tel-Drug of Pennsylvania, LLC	PA	N/A	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-0427127				Tel-Drug, Inc.	SD	N/A	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	N/A	NewQuest, LLC	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		75-3108527				TexQuest, LLC	DE	N/A	NewQuest, LLC	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		85-1955731				The Flats at Interbay Holdings, LLC	DE	N/A	The Flats at Interbay JV Limited Parntership	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		85-1955075				The Flats at Interbay JV Limited Partnership	DE	N/A	CARING Interbay Investor LP LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		85-1962013				The Flats at Interbay Limited Partnership	DE	N/A	The Flats at Interbay JV Limited Parntership	Ownership.....	99.500	Cigna Corporation	N	
.0901	Cigna Group		46-5264463				Trainer Rx, Inc.	DE	N/A	Cigna Ventures, LLC	Ownership.....	19.400	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Transwestern Federal, L.L.C.	DE	N/A	Transwestern Federal Holdings, L.L.C.	Ownership.....	7.616	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Transwestern Federal Holdings, L.L.C.	DE	N/A	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	N/A	Mediversal, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		82-4410128				ValoremRx Sourcing Solutions, LLC	DE	N/A	Specialty Products Acquisitions, LLC (50%)	Ownership.....	50.000	Cigna Corporation	N	
.0901	Cigna Group		98-0463704				Viulife Services, Inc.	DE	N/A	Cigna Global Wellbeing Holdings Limited	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Verity Solutions Group, Inc.	DE	N/A	Cigna Health and Life Insurance Company	Ownership.....	100.000	Cigna Corporation	Y	
.0901	Cigna Group		00-0000000				Westcore CG AC, LLC	DE	N/A	CARING Westcore Holding Investor LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		84-3178563				Westcore CG Camelback, LLC	DE	N/A	CARING Westcore Holding Investor LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Westcore CG Commerce, LLC	DE	N/A	CARING Westcore Holding Investor LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		84-3178563				Westcore CG Dove Valley I, LLC	DE	N/A	CARING Westcore Holding Investor LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		84-3178563				Westcore CG Dove Valley II, LLC	DE	N/A	CARING Westcore Holding Investor LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		84-3178563				Westcore CG Fountain Lakes, LLC	DE	N/A	CARING Westcore Holding Investor LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		84-3178563				Westcore CG Gateway, LLC	DE	N/A	CARING Westcore Holding Investor LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		84-3178563				Westcore CG I-35, LLC	DE	N/A	CARING Westcore Holding Investor LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		84-3178563				Westcore CG Mezz, LLC	DE	N/A	CARING Westcore Holding Investor LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		84-3178563				Westcore CG Navy, LLC	DE	N/A	CARING Westcore Holding Investor LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		84-3178563				Westcore CG Potomac Park, LLC	DE	N/A	CARING Westcore Holding Investor LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		84-3178563				Westcore CG Solano, LLC	DE	N/A	CARING Westcore Holding Investor LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		84-3178563				Westcore CG Susana, LLC	DE	N/A	CARING Westcore Holding Investor LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Westcore CG Venture, LLC	DE	N/A	CARING Westcore Holding Investor LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		85-3567364				Westcore Realty CG Avondale, LLC	DE	N/A	CARING Avondale Investor LLC	Ownership.....	90.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Willow DSP LLC	DE	N/A	Accredo Health, Incorporated	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				YCFM Servicos LTDA	BRA	N/A	Cigna Global Holdings, Inc.	Ownership.....	35.320	Cigna Corporation	N	

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Explanation

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 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	0	92,821		0	92,821	0
	71-0916514	Allegiance COBRA Services, Inc.	0	0	0	0	0	605		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

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 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	0	(488)		.0	0	(488)
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

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	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	0	(9,485)		.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	Cigna Dental Health Of Kansas, Inc.	(540,000)	0	.0	0	(208,932)	0		.0	(748,932)	0

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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)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(3,250,000)	0	0	0	(1,298,064)	0	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	0	(4,862,646)	0	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,582,000)	0	0	0	(544,286)	0	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	0	(2,833,110)	0	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.	0	0	0	0	(711,417)	0	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	0	(2,805,885)	0	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.	(1,850,000)	0	0	0	(742,523)	0	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	0	(12,564,458)	0	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(2,000,000)	0	0	0	(702,684)	0	0	0	(2,702,684)	0	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.	(3,200,000)	0	0	0	605,726	0	0	0	(2,594,274)	0	
	59-2308055	Cigna Dental Health, Inc.	6,672,000	0	0	0	32,679,293	0	0	0	39,351,293	0	
	58-1136865	Cigna Direct Marketing Company, Inc.	0	0	0	0	0	0	0	0	0	0	
	98-1155943	Cigna Elmwood Holdings, SPRL	0	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	0	
	00-0000000	Cigna European Services (UK) Limited	0	0	0	0	0	0	0	0	0	0	
	62-1724116	Cigna Federal Benefits, Inc.	0	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	0	
	51-0389196	Cigna Global Holdings, Inc.	(19,096,130)	144,927,800	0	0	(12,299)	0	0	0	125,819,371	0	
	68-0676638	Cigna Global Insurance Company Limited	0	0	0	0	(3,131)	(291,927)	0	0	(295,058)	0	
	98-0210110	Cigna Global Reinsurance Company, Ltd.	(136,971,699)	0	0	0	(125,772)	9,729,123	0	0	(127,368,348)	(115,182,312)	
		Cigna Global Wellbeing Holdings Limited	0	0	0	0	0	0	0	0	0	0	
		Cigna Global Wellbeing Solutions Limited	0	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	0	(2,963,615,033)	38,394,202	
	62-1312478	Cigna Health Corporation	(29,000,000)	0	0	0	45,957,249	0	0	0	16,957,249	0	
	23-1728483	Cigna Health Management, Inc.	0	0	0	0	63,598,943	110,234,514	0	0	173,833,457	0	
	00-0000000	Cigna Health Solution India Pvt. Ltd.	0	0	0	0	352,974	0	0	0	352,974	0	
	23-2741293	Cigna Healthcare Benefits, Inc.	0	0	0	0	0	0	0	0	0	0	
	84-0985843	Cigna Healthcare Holdings, Inc.	0	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	(12,135,018)	(360,762)	0	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	0	(24,398,646)	5,213,446	
	95604	84-1004500	Cigna HealthCare of Colorado, Inc.	0	0	0	0	(1,228,416)	965	0	0	(1,227,451)	
	95660	06-1141174	Cigna HealthCare of Connecticut, Inc.	0	0	0	0	(745,287)	(21,879)	0	0	(767,166)	8,320
	95136	59-2089259	Cigna HealthCare of Florida, Inc.	0	0	0	0	(259,279)	(58,630)	0	0	(317,909)	31,845
	96229	58-1641057	Cigna HealthCare of Georgia, Inc.	0	0	0	0	(48,638,452)	1,320,245	0	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	0	(14,516,308)	1,015,383
	95525	35-1679172	Cigna HealthCare of Indiana, Inc.	0	0	0	0	(6,612)	(663)	0	0	(7,275)	252
	95477	01-0418220	Cigna HealthCare of Maine, Inc.	0	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	0
	95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.	0	0	0	0	(7,241)	0	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	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 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-124009 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			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			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			(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			(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			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)			(119,575)	8,982,517
	00-0000000	Cigna Worldwide Life Insurance Company Limited	0	0	0	0	151,934	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			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)			(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	0	0	0	0	0	0		0	0	0
		SAE	0	0	0	0	0	0		0	0	0
		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 MS1, LLC	0	0	0	0	0	(20,931)		0	0	(20,931)
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	0	0	0	0	0	0		0	0	0
		Network Partners, Inc.	0	0	0	0	0	0		0	0	0
	45-2884094	Evernorth Health, Inc.	0	0	0	0	0	(740,681)		0	0	(740,681)
	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

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	43-1869712	Express Scripts Specialty Distribution Services, Inc.	0	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	0
	43-1869714	Express Scripts Utilization Management Company	0	0	0	0	0	0	0	0	0	0
	43-1420563	Express Scripts, Inc.	0	0	0	0	170,995,725	0	0	0	170,995,725	0
	00-0000000	FirstAssist Administration Limited	0	0	0	0	0	0	0	0	0	0
	23-1914061	Former Cigna Investments, Inc.	0	0	0	(41,723)	23,537	0	0	0	(18,186)	0
	02-0523249	Freco, Inc.	0	0	0	0	0	0	0	0	0	0
	20-3229217	Freedom Service Company, LLC	0	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	0
	20-3700105	Gillette Ridge Golf, LLC	0	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	0
	00-0000000	GRG Acquisitions LLC	0	(54,081)	0	0	0	0	0	0	(54,081)	0
	11-9599164	Grown Ups New Zealand Limited	0	0	0	0	0	0	0	0	0	0
	76-0657035	GulfQuest, LP	(36,000,000)	0	0	0	342,043,407	0	0	0	306,043,407	0
	52-2149519	Hazard Center Investment Company LLC	0	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	0
	26-2159005	Healthbridge, Inc.	0	0	0	0	0	0	0	0	0	0
	46-2086778	Health-Lynx, LLC	0	0	0	0	0	0	0	0	0	0
	06-1533555	Healthsource Benefits, Inc.	0	0	0	0	0	0	0	0	0	0
	02-0467679	Healthsource Properties, Inc.	0	0	0	0	0	0	0	0	0	0
	02-0387748	Healthsource, Inc.	29,000,000	0	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	0	(911,833,841)	0
	20-8647386	HealthSpring Management of America, LLC	0	25,000,000	0	0	169,517,115	0	0	0	194,517,115	0
11532	65-1129599	HealthSpring of Florida, Inc.	(22,000,000)	0	0	0	(115,751,279)	0	0	0	(137,751,279)	0
	26-2353772	HealthSpring Pharmacy of Tennessee, LLC	0	0	0	0	0	0	0	0	0	0
	26-2353476	HealthSpring Pharmacy Services, LLC	0	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	0	170,989,346	0
	20-1821898	HealthSpring, Inc.	0	0	0	0	63,603,327	0	0	0	63,603,327	0
	81-4139432	Heights at Bear Creek Venture LLC	0	0	0	0	0	0	0	0	0	0
	20-4266628	Home Physicians Management, LLC	0	0	0	0	0	0	0	0	0	0
	75-3108521	HouQuest, LLC	0	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	0
	95-4838551	Ideal Properties II LLC	0	0	0	0	0	0	0	0	0	0
	35-2041388	IHN, Inc.	0	0	0	0	(2,240)	0	0	0	(2,240)	0
	00-0000000	Independent Health Information Technology Services L.L.C.	0	0	0	0	0	0	0	0	0	0
	82-1655179	Innovative Product Alignment, LLC	0	0	0	0	0	0	0	0	0	0
	82-0658250	Inside RX, LLC	0	0	0	0	0	0	0	0	0	0

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

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81-0425785	81-0425785	Intermountain Underwriters, Inc.	0	0	0	0	34,229	0		0	34,229	0
00-0000000	00-0000000	International Pharmaceutical Solutions, GmbH									0	0
84-3406799	84-3406799	JA Lofts Holdings, LLC	0	0	0	0	0	0		0	0	0
84-3395923	84-3395923	JA Lofts JV Limited Partnership	0	0	0	0	0	0		0	0	0
00-0000000	00-0000000	Kuwait Emirates Administration Services WLL	0	0	0	0	0	0		0	0	0
00-0000000	00-0000000	KDM (Thailand) Limited	0	0	0	0	0	0		0	0	0
20-8064696	20-8064696	Kronos Optimal Health Company	0	0	0	0	(4,516)	0		0	(4,516)	0
47-5292506	47-5292506	L&C Investments, LLC	0	0	0	0	0	0		0	0	0
47-4375626	47-4375626	Lakehill's 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	00-0000000	LINA Financial Service	0	0	0	0	0	0		0	0	0
00-0000000	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	58-2593075	Lynnfield Compounding Center, Inc.	0	0	0	0	0	0		0	0	0
04-3546044	04-3546044	Lynnfield Drug, Inc.	0	0	0	0	0	0		0	0	0
27-1506930	27-1506930	MAH Pharmacy, LLC	0	0	0	0	0	0		0	0	0
80-0908244	80-0908244	Mallory Square Partners I, LLC	0	0	0	0	0	0		0	0	0
88-0241365	88-0241365	Managed Care Consultants, Inc.	0	0	0	0	0	0		0	0	0
51-0500147	51-0500147	Matrix GPO, LLC	0	0	0	0	0	0		0	0	0
59-3720653	59-3720653	Matrix Healthcare Services, Inc.	0	0	0	0	0	0		0	0	0
06-1346406	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	0		0	0	0
			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	27-3709630	Medco Europe II, LLC	0	0	0	0	0	0		0	0	0
46-2166374	46-2166374	Medco Europe, LLC	0	0	0	0	0	0		0	0	0
84-5017653	84-5017653	Medco Health Information Network Partners, Inc.		0	0	0	0	0		0	0	0
81-0616525	81-0616525	Medco Health Puerto Rico, LLC	0	0	0	0	0	0		0	0	0
26-3544786	26-3544786	Medco Health Services, Inc.	0	0	0	0	0	0		0	0	0
22-3461740	22-3461740	Medco Health Solutions, Inc.	26,800,000	0	0	0	0	0		0	26,800,000	0
88-0334401	88-0334401	Mediversal, Inc.	0	0	0	0	0	0		0	0	0
27-3801345	27-3801345	MedSolutions Holdings, Inc.	0	0	0	0	0	0		0	0	0
32-0071543	32-0071543	MSI Health Organization of Texas, Inc.	0	0	0	0	0	0		0	0	0
27-5492993	27-5492993	MSI HT, LLC	0	0	0	0	0	0		0	0	0
27-5493148	27-5493148	MSI LT, LLC	0	0	0	0	0	0		0	0	0
27-5493321	27-5493321	MSI SAR-GW, LLC	0	0	0	0	0	0		0	0	0
86-1090522	86-1090522	MSIAZ I, LLC	0	0	0	0	0	0		0	0	0
20-1749733	20-1749733	MSICA I, LLC	0	0	0	0	0	0		0	0	0
20-1222347	20-1222347	MSICO I, LLC	0	0	0	0	0	0		0	0	0
55-0840800	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	MS INC 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	MS INV I, LLC		0	0	.0	0	0	0		.0	0	0
55-0840806	MS ISC 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	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
			282,000,000	(25,000,000)	(148,104,266)	0	(206,757)	0		0	108,688,977	0
76-0628370	NewQuest, LLC		0	0	.0	0	0	0		0	0	0
82-5244890	Octave Health Group, Inc.										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	(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

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	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										
	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	0	.0	0	0	0		0	0	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

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85-3567364		Westcore Realty CG Avondale, LLC	0	0	0	0	0	0	0	0	0	0
00-0000000		Willow DSP LLC	0	0	0	0	0	0	0	0	0	0
00-0000000		YCFM Servicos LTDA	0	0	0	0	0	0	0	0	0	0
9999999	Control Totals		0	0	0	0	0	0	0	XXX	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
<p>The following supplemental reports are required to be filed as part of your annual statement filing <u>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.</u> 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.</p>		
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

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. 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?	.....
30. 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?	.....
31. 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?	.....
32. 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?	.....
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
Explanations:		

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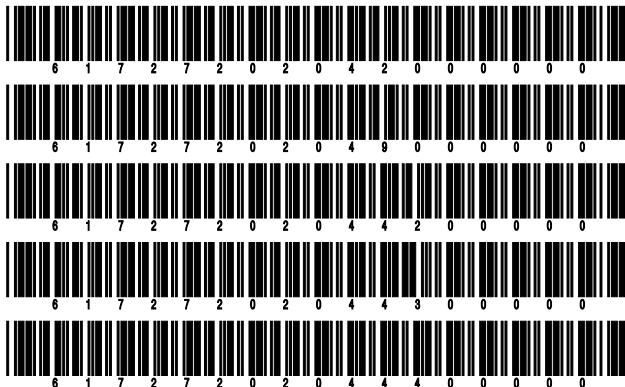
Bar Codes:
12. SIS Stockholder Information Supplement [Document Identifier 420]

14. Trusteed Surplus Statement [Document Identifier 490]

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

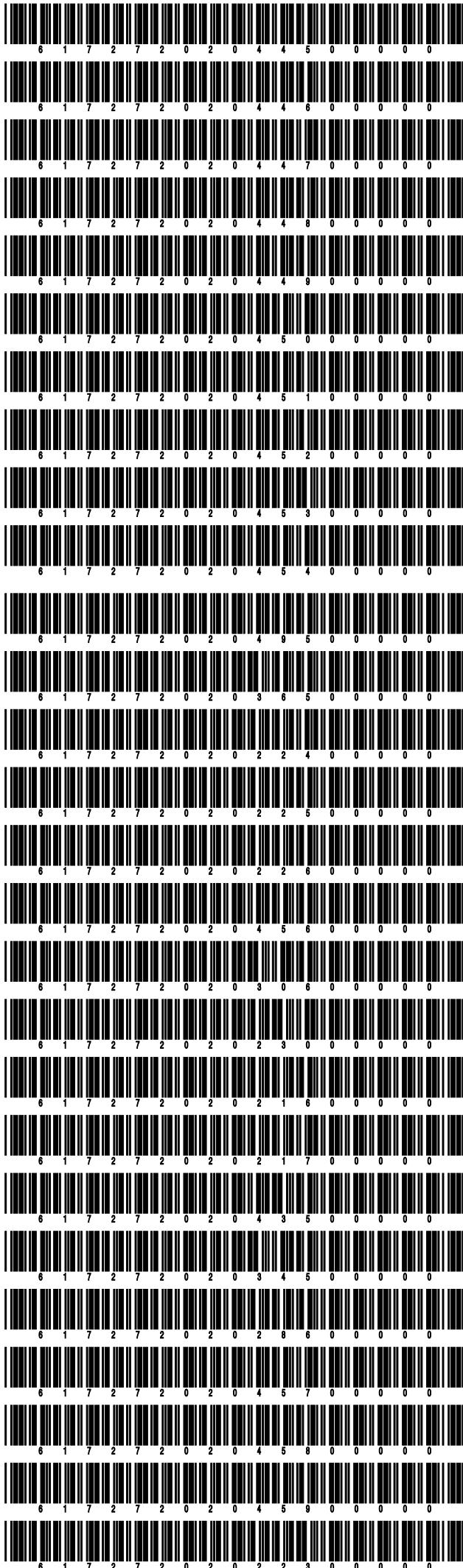
18. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]

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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company
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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3MJ	J	NO	0034000					MEDICARE SUPPLEMENT	4,358	1,513	34.7	.1	0	0	0.0	
YES	3MJ	J	NO	0034000					MEDICARE SUPPLEMENT	4,190	229	5.5	.1	0	0	0.0	
0199999. Total Experience on Individual Policies										8,548	1,742	20.4	2	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 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	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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
												0.0				0.0	
0199999. Total Experience on Individual Policies										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 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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	31FAZ	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
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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	31F(AR)	F	NO	0034000					MEDICARE SUPPLEMENT	3,881	1,220	31.4	.1	0	0	0.0	
0199999. Total Experience on Individual Policies										3,881	1,220	31.4	1	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 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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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 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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	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
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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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 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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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 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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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 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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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 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			14	Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims			15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	31F(GA)	F	NO	0034000					MEDICARE SUPPLEMENT	3,319	2,486	74.9	.1	0	0	0.0	
YES	31G(GA)	G	NO	0034000					MEDICARE SUPPLEMENT	2,764	3,577	129.4	.1	0	0	0.0	
0199999. Total Experience on Individual Policies										6,083	6,063	99.7	2	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 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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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 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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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 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	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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
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					MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,111	(6)	(0.5)	.1	0	0	0.0	0
0199999. Total Experience on Individual Policies										170,797	101,156	.59.2	.27	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- 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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 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
YES	3MK	F.	NO.	0034000					HIGH DEDUCTIBLE	1,732	(16)	(0.9)	2	0	0	0.0	0
YES	3MK	F.	NO.	0034000					HIGH DEDUCTIBLE	997	234	.23.5	.1	0	0	0.0	0
YES	CNHIC-MS-AA-A	A.	NO.	0234060					MEDICARE SUPPLEMENT	0	0	.0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F	F.	NO.	0234060					MEDICARE SUPPLEMENT	0	0	.0.0	0	34,212	20,934	.61.2	.65
YES	CNHIC-MS-AA-F	F.	NO.	0234060					MEDICARE SUPPLEMENT	0	0	.0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G	G.	NO.	0234060					MEDICARE SUPPLEMENT	0	0	.0.0	0	251,367	151,910	.60.4	.689
YES	CNHIC-MS-AA-G	G.	NO.	0234060					MEDICARE SUPPLEMENT	0	0	.0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N	N.	NO.	0234060					MEDICARE SUPPLEMENT	0	0	.0.0	0	30,077	15,768	.52.4	103
YES	CNHIC-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
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- 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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3MF(1A)	F.	NO.	0034000					MEDICARE SUPPLEMENT	32,156	25,268	78.6	6	0	0	0.0	
YES	3MG(1A)	G.	NO.	0034000					MEDICARE SUPPLEMENT	22,066	4,333	19.6	6	0	0	0.0	
YES	3MJ(1A)	J.	NO.	0034000					MEDICARE SUPPLEMENT	3,332	355	10.7	1	0	0	0.0	
0199999. Total Experience on Individual Policies										57,554	29,956	52.0	13	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 Kansas.....

NAIC Group Code 0901

NAIC Company Code 61727

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit M. Umar Gilani

Title Actuarial Director

Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	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	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
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					MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,343	(6)	(0.4)	.1	0	0	0.0	0
0199999. Total Experience on Individual Policies										136,089	106,039	77.9	32	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Kentucky.....

NAIC Group Code 0901 NAIC Company Code 61727

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit M. Umar Gilani

Title Actuarial Director Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3ME(KY)	E	NO	0034060					MEDICARE SUPPLEMENT	5,129	5,558	108.4	.1	0	0	0.0	
YES	3ME(KY)	E	NO	0034060					MEDICARE SUPPLEMENT	(240)	(239)	.99.6	.0	0	0	0.0	
YES	3MF(KY)	F	NO	0034060					MEDICARE SUPPLEMENT	6,141	4,505	.73.4	.1	0	0	0.0	
YES	3MI(KY)	I	NO	0034060					MEDICARE SUPPLEMENT	5,246	7,772	148.2	.1	0	0	0.0	
0199999. Total Experience on Individual Policies										16,276	17,596	108.1	3	0	0	0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
 - Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- 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	
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	12	13	Number of Premiums Earned	Premiums Earned	16	17	Number 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	
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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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	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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Massachusetts

NAIC Group Code 0901

NAIC Company Code 61727

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit

Title

Telephone Number

1	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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 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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	357	C.	NO	0034000					MEDICARE SUPPLEMENT	0	58	0.0	0	0	0	0.0	0
YES	357	C.	NO	0034000					MEDICARE SUPPLEMENT	776	1,912	246.4	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										776	1,970	253.9	0	0	0	0.0	0
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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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	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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
												0.0				0.0	
0199999. Total Experience on Individual Policies										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 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
											Premiums Earned	12	13		Premiums Earned	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	Amount	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
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- 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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3MF(MT)	F.	NO	0034000					MEDICARE SUPPLEMENT	33,546	16,991	50.6	7	0	0	0.0	
YES	3MF(MT)	F.	NO	0034000					MEDICARE SUPPLEMENT	23,627	12,357	52.3	6	0	0	0.0	
YES	3MG(MT)	G.	NO	0034000					MEDICARE SUPPLEMENT	7,175	3,322	46.3	2	0	0	0.0	
YES	3MG(MT)	G.	NO	0034000					MEDICARE SUPPLEMENT	10,779	1,952	18.1	3	0	0	0.0	
YES	3MJ(MT)	J.	NO	0034000					MEDICARE SUPPLEMENT	7,612	1,326	17.4	2	0	0	0.0	
YES	3MK(MT)	F.	NO	0034000					MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,489	(13)	(0.9)	2	0	0	0.0	
0199999. Total Experience on Individual Policies										84,228	35,935	42.7	22	0	0	0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- 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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3MF	F.	NO	0034000					MEDICARE SUPPLEMENT	83,939	35,591	42.4	16	0	0	0.0	
YES	3MF	F.	NO	0034000					MEDICARE SUPPLEMENT	34,509	28,316	82.1	6	0	0	0.0	
YES	3MF	F.	NO	0034000					MEDICARE SUPPLEMENT	17,834	22,249	124.8	2	0	0	0.0	
YES	3MG	G.	NO	0034000					MEDICARE SUPPLEMENT	13,993	8,072	57.7	3	0	0	0.0	
YES	3MJ	J.	NO	0034000					MEDICARE SUPPLEMENT	25,446	16,168	63.5	5	0	0	0.0	
YES	3MJ	J.	NO	0034000					MEDICARE SUPPLEMENT	3,889	2,476	63.7	1	0	0	0.0	
0199999. Total Experience on Individual Policies										179,610	112,872	62.8	33	0	0	0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- 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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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 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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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 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	12 Incurred Claims Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount	17 Percent of Premiums Earned	18 Number of Covered Lives
0199999. Total Experience on Individual Policies										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 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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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 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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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 North Carolina.....

NAIC Group Code 0901 NAIC Company Code 61727

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit M. Umar Gilani

Title Actuarial Director Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3MC(NC)	C.	NO.	0034060					MEDICARE SUPPLEMENT	5,517	3,187	.57.8	.1	0	0	0.0	
YES	3MD(NC)	D.	NO.	0034000					MEDICARE SUPPLEMENT	3,769	3,138	.83.3	.1	0	0	0.0	
YES	3MF(NC)	F.	NO.	0034000					MEDICARE SUPPLEMENT	43,038	13,765	.32.0	9	0	0	0.0	
YES	3MF(NC)	F.	NO.	0034000					MEDICARE SUPPLEMENT	48,050	.29,251	.60.9	10	0	0	0.0	
YES	3MF(NC)	F.	NO.	0034000					MEDICARE SUPPLEMENT	14,755	4,112	.27.9	3	0	0	0.0	
YES	3MG(NC)	G.	NO.	0034000					MEDICARE SUPPLEMENT	28,694	7,650	.26.7	7	0	0	0.0	
YES	3MG(NC)	G.	NO.	0034000					MEDICARE SUPPLEMENT	22,354	21,161	.94.7	6	0	0	0.0	
YES	3MG(NC)	G.	NO.	0034000					MEDICARE SUPPLEMENT	3,634	5,653	.155.6	0	0	0	0.0	
YES	3MG(NC)	G.	NO.	0034000					MEDICARE SUPPLEMENT	3,844	3,723	.96.9	1	0	0	0.0	
YES	3MH(NC)	H.	NO.	0034000					MEDICARE SUPPLEMENT	0	.29	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	
YES	3MI(NC)	I.	NO.	0034000					MEDICARE SUPPLEMENT	2,805	(5)	(0.2)	0	0	0	0.0	
YES	3MJ(NC)	J.	NO.	0034060					MEDICARE SUPPLEMENT	67,165	13,050	.19.4	15	0	0	0.0	
YES	3MJ(NC)	J.	NO.	0034060					MEDICARE SUPPLEMENT	31,322	6,008	.19.2	7	0	0	0.0	
YES	3MJ(NC)	J.	NO.	0034060					MEDICARE SUPPLEMENT	13,226	15,424	.116.6	3	0	0	0.0	
0199999. Total Experience on Individual Policies										315,902	144,547	45.8	70	0	0	0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- 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			14	Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims			15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3MF(ND)	F.	NO	0034000					MEDICARE SUPPLEMENT	16,195	4,813	29.7	3	0	0	0.0	
YES	3MF(ND)	F.	NO	0034000					MEDICARE SUPPLEMENT	23,314	18,887	81.0	4	0	0	0.0	
YES	3MF(ND)	F.	NO	0034000					MEDICARE SUPPLEMENT	4,277	4,403	102.9	1	0	0	0.0	
0199999. Total Experience on Individual Policies										43,786	28,103	64.2	8	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 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			14	Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims			15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	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
0199999. Total Experience on Individual Policies										58,896	31,399	53.3	10	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- 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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3ME(OK)	E	NO	0034000					MEDICARE SUPPLEMENT	4,774	3,084	.64.6	.1	0	0	0.0	
YES	3MF(OK)	F	NO	0034000					MEDICARE SUPPLEMENT	4,306	17,998	.418.0	.0	0	0	0.0	
YES	3MG(OK)	G	NO	0034000					MEDICARE SUPPLEMENT	8,066	1,752	.21.7	2	0	0	0.0	
YES	3MJ(OK)	J	NO	0034000					MEDICARE SUPPLEMENT	3,877	281	.7.2	.1	0	0	0.0	
0199999. Total Experience on Individual Policies										21,023	23,115	110.0	4	0	0	0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
 - Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- 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	12 Incurred Claims Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount	17 Percent of Premiums Earned	18 Number of Covered Lives
0199999. Total Experience on Individual Policies										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 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			14	Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims			15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	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	A.	NO.	0234060					MEDICARE SUPPLEMENT .....	.0	.0	0.0	.0	0	0	0.0	0
	CNHIC-MS-AA-B-PA	B.	NO.	0234060					MEDICARE SUPPLEMENT .....	.0	.0	0.0	.0	0	0	0.0	0
	CNHIC-MS-AA-B-PA	B.	NO.	0234060					MEDICARE SUPPLEMENT .....	.0	.0	0.0	.0	0	0	0.0	0
	CNHIC-MS-AA-F-PA	F.	NO.	0234060					MEDICARE SUPPLEMENT .....	.0	.0	0.0	.0	0	0	0.0	0
	CNHIC-MS-AA-F-PA	F.	NO.	0234060					MEDICARE SUPPLEMENT .....	.0	.0	0.0	.0	27,056	20,714	.76.6	.65
	CNHIC-MS-AA-G-PA	G.	NO.	0234060					MEDICARE SUPPLEMENT .....	.0	.0	0.0	.0	0	0	0.0	0
	CNHIC-MS-AA-G-PA	G.	NO.	0234060					MEDICARE SUPPLEMENT .....	.0	.0	0.0	.0	176,527	108,003	.61.2	.593
	CNHIC-MS-AA-N-PA	N.	NO.	0234060					MEDICARE SUPPLEMENT .....	.0	.0	0.0	.0	0	0	0.0	0
	CNHIC-MS-AA-N-PA	N.	NO.	0234060					MEDICARE SUPPLEMENT .....	.0	.0	0.0	.0	.84,370	.54,334	.64.4	.347
0199999. Total Experience on Individual Policies										137,853	48,390	.35.1	26	287,953	183,141	.63.6	1,005
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0



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

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Rhode Island.....

NAIC Group Code 0901

NAIC Company Code 61727

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit

Title

Telephone Number

1	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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF South Carolina.....

NAIC Group Code 0901 NAIC Company Code 61727

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit M. Umar Gilani

Title Actuarial Director Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	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	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-N-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
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- 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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3MF	F.	NO	0034060					MEDICARE SUPPLEMENT	9,147	530	5.8	2	0	0	0.0	
YES	3MF	F.	NO	0034060					MEDICARE SUPPLEMENT	4,361	2,029	46.5	1	0	0	0.0	
0199999. Total Experience on Individual Policies										13,508	2,559	18.9	3	0	0	0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- 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				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
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					MEDICARE SUPPLEMENT - 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

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- 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			14	Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims			15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	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					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
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- 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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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 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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	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
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- 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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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 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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	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
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	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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										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 Wyoming.....

NAIC Group Code 0901

NAIC Company Code 61727

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit M. Umar Gilani

Title Actuarial Director

Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			14	Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims			15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3MF(WY)	F.	NO	0034000					MEDICARE SUPPLEMENT	3,413	1,355	.39.7	0	0	0	0.0	
YES	3MF(WY)	F.	NO	0034000					MEDICARE SUPPLEMENT	5,018	171	3.4	1	0	0	0.0	
YES	3MF(WY)	F.	NO	0034000					MEDICARE SUPPLEMENT	15,887	11,713	.73.7	2	0	0	0.0	
YES	3MG(WY)	G.	NO	0034000					MEDICARE SUPPLEMENT	0	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	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
 - Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-800-880-8824
- 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
2. 2016	2,324	2,581	2,583	2,582
3. 2017	XXX	2,066	2,316	2,318
4. 2018	XXX	XXX	1,740	1,955
5. 2019	XXX	XXX	XXX	1,470
6. 2020	XXX	XXX	XXX	1,467

Section C - Credit Accident and Health

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

Section D -

1. Prior				
2. 2016				
3. 2017	XXX			
4. 2018	XX	X		
5. 2019	XX	XX	XXX	
6. 2020	XXX	XX	XXX	XXX

Section E -

1. Prior				
2. 2016				
3. 2017	XXX			
4. 2018	XX	X		
5. 2019	XX	XX	XXX	
6. 2020	XXX	XX	XXX	XXX

Section F -

1. Prior				
2. 2016				
3. 2017	XXX			
4. 2018	XX	X		
5. 2019	XX	XX	XXX	
6. 2020	XXX	XX	XXX	XXX

Section G -

1. Prior				
2. 2016				
3. 2017	XXX			
4. 2018	XX	X		
5. 2019	XX	XX	XXX	
6. 2020	XXX	XX	XXX	XXX

(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					
2. 2016					
3. 2017	XXX				
4. 2018	XXX	XXX			
5. 2019	XXX	XXX	XXX		
6. 2020	XXX	XXX	XXX	XXX	XXX

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					
2. 2016					
3. 2017	XXX				
4. 2018	XX	XX			
5. 2019	XXX	XX			
6. 2020	XXX	XXX	XXX	XXX	

Section D -

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

Section E -

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

Section F -

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

Section G -

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

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	XXX	XX	XXX		
5. 2020	XXX	XX	XXX	XXX	

Section F -

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

Section G -

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

SUPPLEMENT FOR THE YEAR 2020 OF THE Cigna National Health Insurance Company
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
4. 2019	XXX	XXX	XXX	1,633
5. 2020	XXX	XXX	XXX	XXX

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			
4. 2019	XX	X	X	
5. 2020	XXX	XX	XXX	XXX

Section E -

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

Section F -

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

Section G -

1. 2016				
2. 2017	XXX			
3. 2018	XXX			
4. 2019	XX	X	X	
5. 2020	XXX	XX	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	
9. Credit Accident and Health	None	
10. Other Accident and Health	Development	
11. Total		302
		304