



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

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Cigna National Health Insurance Company

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

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

Country of DomicileUnited States of America

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

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

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

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

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

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

Internet Website Addresswww.CignaSupplementalBenefits.com

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

OFFICERS

PresidentStephen Burnett JonesSecretaryJill Mary Stadelman

Treasurer and Chief Accounting OfficerByron Keith BuescherChief Financial Officer and Chief ActuaryDavid Leroy Swanson #

OTHER

David Lawrence Chambers, Vice President - Sales and Marketing

Mark Fleming, Vice President and Assistant TreasurerMohammed Umar Gilani, Appointed Actuary

Joanne Ruth Hart, Vice President and Assistant TreasurerScott Ronald Lambert, Vice President and Assistant TreasurerKathleen Murphy O'Neil, Vice President

Drew Jerome Reynolds, Vice President and Assistant Treasurer

DIRECTORS OR TRUSTEES

Stephen Burnett JonesFrank Sataline Jr.David Leroy Swanson #

James Yablecki

State ofPennsylvaniaSS

County ofPhiladelphia

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

Stephen Burnett JonesByron Keith BuescherJill Mary Stadelman
PresidentTreasurer and Chief Accounting OfficerSecretary

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	4,465,361		4,465,361	4,457,780
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks	10,202,161		10,202,161	9,283,439
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ (281,709) , Schedule E - Part 1), cash equivalents (\$ 95 , Schedule E - Part 2) and short-term investments (\$ 0 , Schedule DA)	(281,614)		(281,614)	3,267,573
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	14,385,908	0	14,385,908	17,008,792
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	20,260		20,260	24,238
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	(99,350)	1,092	(100,442)	(180,782)
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	128,941		128,941	126,577
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	18,423		18,423	23,799
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	530,553		530,553	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit	70,907		70,907	92,199
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	7,741		7,741	6,135
24. Health care (\$) and other amounts receivable	2,049,424	2,049,424	0	0
25. Aggregate write-ins for other than invested assets	2,990	2,990	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	17,115,797	2,053,506	15,062,291	17,100,958
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	17,115,797	2,053,506	15,062,291	17,100,958
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Other Receivables	2,152	2,152	0	0
2502. Disallowed IMR	838	838	0	
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	2,990	2,990	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current Year	Prior Year
1.	Aggregate reserve for life contracts \$ 0 (Exh. 5, Line 9999999) less \$ included in Line 6.3 (including \$ Modco Reserve)		0
2.	Aggregate reserve for accident and health contracts (including \$ 0 Modco Reserve)	838,886	473,671
3.	Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$ Modco Reserve)		0
4.	Contract claims:		
4.1	Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11)	0	0
4.2	Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11)	1,704,221	304,511
5.	Policyholders' dividends/refunds to members \$ and coupons \$ due and unpaid (Exhibit 4, Line 10)	0	0
6.	Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year - estimated amounts:		
6.1	Policyholders' dividends and refunds to members apportioned for payment (including \$ Modco)		
6.2	Policyholders' dividends and refunds to members not yet apportioned (including \$ Modco)		
6.3	Coupons and similar benefits (including \$ Modco)		
7.	Amount provisionally held for deferred dividend policies not included in Line 6		
8.	Premiums and annuity considerations for life and accident and health contracts received in advance less \$ discount; including \$ 687,090 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of lines 4 and 14)	687,090	265,071
9.	Contract liabilities not included elsewhere:		
9.1	Surrender values on canceled contracts		
9.2	Provision for experience rating refunds, including the liability of \$ 96,407 accident and health experience rating refunds of which \$ 0 is for medical loss ratio rebate per the Public Health Service Act	96,407	
9.3	Other amounts payable on reinsurance, including \$ assumed and \$ 53,168 ceded	53,168	3,493
9.4	Interest maintenance reserve (IMR, Line 6)	0	2,181
10.	Commissions to agents due or accrued-life and annuity contracts \$ accident and health \$ and deposit-type contract funds \$	6,158	14,493
11.	Commissions and expense allowances payable on reinsurance assumed		
12.	General expenses due or accrued (Exhibit 2, Line 12, Col. 7)	50,689	16,152
13.	Transfers to Separate Accounts due or accrued (net) (including \$ accrued for expense allowances recognized in reserves, net of reinsured allowances)		
14.	Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 6)	286,075	121,843
15.1	Current federal and foreign income taxes, including \$ on realized capital gains (losses)		591,592
15.2	Net deferred tax liability		
16.	Unearned investment income		
17.	Amounts withheld or retained by reporting entity as agent or trustee		
18.	Amounts held for agents' account, including \$ agents' credit balances		
19.	Remittances and items not allocated	78,188	32,754
20.	Net adjustment in assets and liabilities due to foreign exchange rates		
21.	Liability for benefits for employees and agents if not included above		
22.	Borrowed money \$ and interest thereon \$ 154	1,250,154	
23.	Dividends to stockholders declared and unpaid		
24.	Miscellaneous liabilities:		
24.01	Asset valuation reserve (AVR, Line 16, Col. 7)	0	6,122
24.02	Reinsurance in unauthorized and certified (\$ 0) companies	0	0
24.03	Funds held under reinsurance treaties with unauthorized and certified (\$) reinsurers		
24.04	Payable to parent, subsidiaries and affiliates	1,024,247	400,200
24.05	Drafts outstanding		
24.06	Liability for amounts held under uninsured plans		
24.07	Funds held under coinsurance		
24.08	Derivatives	0	0
24.09	Payable for securities		
24.10	Payable for securities lending		
24.11	Capital notes \$ and interest thereon \$		
25.	Aggregate write-ins for liabilities	9,533	10,878
26.	Total liabilities excluding Separate Accounts business (Lines 1 to 25)	6,084,816	2,242,962
27.	From Separate Accounts Statement		
28.	Total liabilities (Lines 26 and 27)	6,084,816	2,242,962
29.	Common capital stock	2,500,000	2,500,000
30.	Preferred capital stock		
31.	Aggregate write-ins for other than special surplus funds	0	0
32.	Surplus notes		
33.	Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1)	19,862,110	19,862,110
34.	Aggregate write-ins for special surplus funds	0	0
35.	Unassigned funds (surplus)	(13,384,635)	(7,504,113)
36.	Less treasury stock, at cost:		
36.1	..... shares common (value included in Line 29 \$)		
36.2	..... shares preferred (value included in Line 30 \$)		
37.	Surplus (Total Lines 31+32+33+34+35-36) (including \$ in Separate Accounts Statement)	6,477,475	12,357,997
38.	Totals of Lines 29, 30 and 37 (Page 4, Line 55)	8,977,475	14,857,997
39.	Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)	15,062,291	17,100,959
DETAILS OF WRITE-INS			
2501.	Escheat Liabilities	9,533	10,878
2502.	.....	
2503.	.....	
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	9,533	10,878
3101.	.....	
3102.	.....	
3103.	.....	
3198.	Summary of remaining write-ins for Line 31 from overflow page	0	0
3199.	Totals (Lines 3101 thru 3103 plus 3198)(Line 31 above)	0	0
3401.	.....	
3402.	.....	
3403.	.....	
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11)	14,061,027	2,984,848
2. Considerations for supplementary contracts with life contingencies	0	0
3. Net investment income (Exhibit of Net Investment Income, Line 17)	72,785	93,908
4. Amortization of Interest Maintenance Reserve (IMR, Line 5)	3,019	4,168
5. Separate Accounts net gain from operations excluding unrealized gains or losses	0	0
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)	78,414	96,731
7. Reserve adjustments on reinsurance ceded	0	0
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts	0	0
8.2 Charges and fees for deposit-type contracts	0	0
8.3 Aggregate write-ins for miscellaneous income	31	105
9. Total (Lines 1 to 8.3)	14,215,276	3,179,760
10. Death benefits	0	0
11. Matured endowments (excluding guaranteed annual pure endowments)	0	0
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8)	0	0
13. Disability benefits and benefits under accident and health contracts	10,230,674	1,730,684
14. Coupons, guaranteed annual pure endowments and similar benefits	0	0
15. Surrender benefits and withdrawals for life contracts	0	0
16. Group conversions	0	0
17. Interest and adjustments on contract or deposit-type contract funds	0	0
18. Payments on supplementary contracts with life contingencies	0	0
19. Increase in aggregate reserves for life and accident and health contracts	365,215	160,916
20. Totals (Lines 10 to 19)	10,595,889	1,891,600
21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)	2,857,569	304,198
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)	0	0
23. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6)	6,849,376	1,315,420
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5)	497,776	139,123
25. Increase in loading on deferred and uncollected premiums	3,427	1,220
26. Net transfers to or (from) Separate Accounts net of reinsurance	0	0
27. Aggregate write-ins for deductions	1,907	7,465
28. Totals (Lines 20 to 27)	20,805,944	3,659,026
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)	(6,590,668)	(479,266)
30. Dividends to policyholders and refunds to members	0	0
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)	(6,590,668)	(479,266)
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	(1,258,559)	(190,414)
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	(5,332,109)	(288,852)
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ (excluding taxes of \$ transferred to the IMR)		
35. Net income (Line 33 plus Line 34)	(5,332,109)	(288,852)
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)	14,857,996	14,604,423
37. Net income (Line 35)	(5,332,109)	(288,852)
38. Change in net unrealized capital gains (losses) less capital gains tax of \$	918,722	1,533,258
39. Change in net unrealized foreign exchange capital gain (loss)		
40. Change in net deferred income tax	(1,378,038)	(1,700)
41. Change in nonadmitted assets	(83,561)	(972,032)
42. Change in liability for reinsurance in unauthorized and certified companies		
43. Change in reserve on account of change in valuation basis, (increase) or decrease	0	0
44. Change in asset valuation reserve	6,122	(1,047)
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Col. 2 minus Col. 1)	0	0
46. Surplus (contributed to) withdrawn from Separate Accounts during period		
47. Other changes in surplus in Separate Accounts Statement		
48. Change in surplus notes		
49. Cumulative effect of changes in accounting principles		
50. Capital changes:		
50.1 Paid in		
50.2 Transferred from surplus (Stock Dividend)		
50.3 Transferred to surplus		
51. Surplus adjustment:		
51.1 Paid in	0	0
51.2 Transferred to capital (Stock Dividend)		
51.3 Transferred from capital		
51.4 Change in surplus as a result of reinsurance	(11,657)	(16,053)
52. Dividends to stockholders		
53. Aggregate write-ins for gains and losses in surplus	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53)	(5,880,521)	253,573
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)	8,977,475	14,857,996
DETAILS OF WRITE-INS		
08.301. Interest on Agent's Balances	5	(4)
08.302. Express Script Rebates	26	91
08.303. Other Miscellaneous Income		18
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398)(Line 8.3 above)	31	105
2701. Tax Penalties	1,907	7,465
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798)(Line 27 above)	1,907	7,465
5301.		
5302.		
5303.		
5398. Summary of remaining write-ins for Line 53 from overflow page	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398)(Line 53 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	14,494,594	3,175,374
2. Net investment income	82,328	99,958
3. Miscellaneous income	66,788	112,889
4. Total (Lines 1 through 3)	14,643,710	3,388,220
5. Benefit and loss related payments	8,783,653	1,574,194
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	9,367,085	1,363,285
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(136,414)	(735,895)
10. Total (Lines 5 through 9)	18,014,324	2,201,584
11. Net cash from operations (Line 4 minus Line 10)	(3,370,614)	1,186,637
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	2,500,000	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,500,000	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	2,513,148	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	2,513,148	0
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(13,148)	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	1,250,154	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(1,415,578)	(535,912)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(165,424)	(535,912)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(3,549,187)	650,725
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	3,267,573	2,616,848
19.2 End of year (Line 18 plus Line 19.1)	(281,613)	3,267,573

Note: Supplemental disclosures of cash flow information for non-cash transactions:

--	--	--

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - SUMMARY

	1	2	3	4	5	6	7	8	9
	Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident and Health	Fraternal	Other Lines of Business	YRT Mortality Risk Only
1. Premiums and annuity considerations for life and accident and health contracts	14,061,027	0	0			14,061,027			0
2. Considerations for supplementary contracts with life contingencies	0	XXX	XXX			XXX	XXX		XXX
3. Net investment income	72,785	0	0			72,785			0
4. Amortization of Interest Maintenance Reserve (IMR)	3,019	0	0			3,019			0
5. Separate Accounts net gain from operations excluding unrealized gains or losses	0	0	0				XXX		0
6. Commissions and expense allowances on reinsurance ceded	78,414	6,163	0	6,541		65,710	XXX	0	0
7. Reserve adjustments on reinsurance ceded	0	0	0				XXX		0
8. Miscellaneous Income:									
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts	0	0	0				XXX		0
8.2 Charges and fees for deposit-type contracts	0	0	0			XXX	XXX		0
8.3 Aggregate write-ins for miscellaneous income	31	0	0	0	0	31	0	0	0
9. Totals (Lines 1 to 8.3)	14,215,276	6,163	0	6,541	0	14,202,572	0	0	0
10. Death benefits	0	0	0			XXX	XXX		0
11. Matured endowments (excluding guaranteed annual pure endowments)	0	0	0			XXX	XXX		0
12. Annuity benefits	0	XXX	XXX			XXX	XXX		XXX
13. Disability benefits and benefits under accident and health contracts	10,230,674	0	0			10,230,674	XXX		0
14. Coupons, guaranteed annual pure endowments and similar benefits	0	0	0				XXX		0
15. Surrender benefits and withdrawals for life contracts	0	0	0			XXX	XXX		0
16. Group conversions	0	0	0				XXX		0
17. Interest and adjustments on contract or deposit-type contract funds	0	0	0				XXX		0
18. Payments on supplementary contracts with life contingencies	0	0	0			XXX	XXX		0
19. Increase in aggregate reserves for life and accident and health contracts	365,215	0	0			365,215	XXX		0
20. Totals (Lines 10 to 19)	10,595,889	0	0	0	0	10,595,889	XXX	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)	2,857,569	6,163		6,541		2,844,865	0	0	XXX
22. Commissions and expense allowances on reinsurance assumed	0	0	0			0	XXX		0
23. General insurance expenses and fraternal expenses	6,849,376	0	0			6,849,376			0
24. Insurance taxes, licenses and fees, excluding federal income taxes	497,776	0	0			497,776			0
25. Increase in loading on deferred and uncollected premiums	3,427	0	0			3,427	XXX		0
26. Net transfers to or (from) Separate Accounts net of reinsurance	0	0	0				XXX		0
27. Aggregate write-ins for deductions	1,907	0	0	0	0	1,907	0	0	0
28. Totals (Lines 20 to 27)	20,805,944	6,163	0	6,541	0	20,793,240	0	0	0
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)	(6,590,668)	0	0	0	0	(6,590,668)	0	0	0
30. Dividends to policyholders and refunds to members	0	0	0				XXX		0
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)	(6,590,668)	0	0	0	0	(6,590,668)	0	0	0
32. Federal income taxes incurred (excluding tax on capital gains)	(1,258,559)	0	0			(1,258,559)			0
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	(5,332,109)	0	0	0	0	(5,332,109)	0	0	0
34. Policies/certificates in force end of year	14,509	752	0	177		13,580	XXX		0
DETAILS OF WRITE-INS									
08.301. Interest on Agent's Balances	5					5			
08.302. Express Script Rebates	26					26			
08.303.									
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	0	0	0	0	0	0	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)	31	0	0	0	0	31	0	0	0
2701. Penalties	1,907					1,907			
2702.									
2703.									
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0	0	0	0	0	0	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	1,907	0	0	0	0	1,907	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - INDIVIDUAL LIFE INSURANCE (b)

	1	2	3	4	5	6	7	8	9	10	11	12
	Total	Industrial Life	Whole Life	Term Life	Indexed Life	Universal Life	Universal Life With Secondary Guarantees	Variable Life	Variable Universal Life	Credit Life (c)	Other Individual Life	YRT Mortality Risk Only
1. Premiums for life contracts (a) .....	.0											
2. Considerations for supplementary contracts with life contingencies .....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX
3. Net investment income .....	.0											
4. Amortization of Interest Maintenance Reserve (IMR) .....	.0											
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....	.0											
6. Commissions and expense allowances on reinsurance ceded	6,163	0	6,163									
7. Reserve adjustments on reinsurance ceded .....	.0											
8. Miscellaneous Income:												
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....	.0											
8.2 Charges and fees for deposit-type contracts .....	.0											
8.3 Aggregate write-ins for miscellaneous income	0	0	0	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 to 8.3)	6,163	0	6,163	0	0	0	0	0	0	0	0	0
10. Death benefits .....	.0											
11. Matured endowments (excluding guaranteed annual pure endowments) .....	.0											
12. Annuity benefits .....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX
13. Disability benefits and benefits under accident and health contracts .....	.0											
14. Coupons, guaranteed annual pure endowments and similar benefits .....	.0											
15. Surrender benefits and withdrawals for life contracts .....	.0											
16. Group conversions .....	.0											
17. Interest and adjustments on contract or deposit-type contract funds .....	.0											
18. Payments on supplementary contracts with life contingencies .....	.0											
19. Increase in aggregate reserves for life and accident and health contracts	0											
20. Totals (Lines 10 to 19) .....	.0	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)	6,163	0	6,163									.XXX
22. Commissions and expense allowances on reinsurance assumed .....	.0											
23. General insurance expenses .....	.0											
24. Insurance taxes, licenses and fees, excluding federal income taxes .....	.0											
25. Increase in loading on deferred and uncollected premiums .....	.0											
26. Net transfers to or (from) Separate Accounts net of reinsurance .....	.0											
27. Aggregate write-ins for deductions	0	0	0	0	0	0	0	0	0	0	0	0
28. Totals (Lines 20 to 27)	6,163	0	6,163	0	0	0	0	0	0	0	0	0
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. Dividends to policyholders and refunds to members	0											
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
32. Federal income taxes incurred (excluding tax on capital gains)	0											
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	0	0	0	0	0	0	0	0	0	0	0	0
34. Policies/certificates in force end of year	752		752									
DETAILS OF WRITE-INS												
08.301.												
08.302.												
08.303.												
08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)	0	0	0	0	0	0	0	0	0	0	0	0
2701.												
2702.												
2703.												
2798. Summary of remaining write-ins for Line 27 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Include premium amounts for preneed plans included in Line 1

(b) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.

(c) Individual and Group Credit Life are combined and included on page. (Indicate whether included with Individual or Group.)

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - GROUP LIFE INSURANCE (c)

	1	2	3	4	5	6	7	8	9
	Total	Whole Life	Term Life	Universal Life	Variable Life	Variable Universal Life	Credit Life (d)	Other Group Life (a)	YRT Mortality Risk Only
1. Premiums for life contracts (b)									
2. Considerations for supplementary contracts with life contingencies	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Net investment income									
4. Amortization of Interest Maintenance Reserve (IMR)									
5. Separate Accounts net gain from operations excluding unrealized gains or losses									
6. Commissions and expense allowances on reinsurance ceded									
7. Reserve adjustments on reinsurance ceded									
8. Miscellaneous Income:									
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts									
8.2 Charges and fees for deposit-type contracts									
8.3 Aggregate write-ins for miscellaneous income									
9. Totals (Lines 1 to 8.3)									
10. Death benefits									
11. Matured endowments (excluding guaranteed annual pure endowments)									
12. Annuity benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Disability benefits and benefits under accident and health contracts									
14. Coupons, guaranteed annual pure endowments and similar benefits									
15. Surrender benefits and withdrawals for life contracts									
16. Group conversions									
17. Interest and adjustments on contract or deposit-type contract funds									
18. Payments on supplementary contracts with life contingencies									
19. Increase in aggregate reserves for life and accident and health contracts									
20. Totals (Lines 10 to 19)									
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)									XXX
22. Commissions and expense allowances on reinsurance assumed									
23. General insurance expenses									
24. Insurance taxes, licenses and fees, excluding federal income taxes									
25. Increase in loading on deferred and uncollected premiums									
26. Net transfers to or (from) Separate Accounts net of reinsurance									
27. Aggregate write-ins for deductions									
28. Totals (Lines 20 to 27)									
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)									
30. Dividends to policyholders and refunds to members									
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)									
32. Federal income taxes incurred (excluding tax on capital gains)									
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)									
34. Policies/certificates in force end of year									
DETAILS OF WRITE-INS									
08.301.									
08.302.									
08.303.									
08.398. Summary of remaining write-ins for Line 8.3 from overflow page									
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)									
2701.									
2702.									
2703.									
2798. Summary of remaining write-ins for Line 27 from overflow page									
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)									

(a) Includes the following amounts for FEGLI/SGLI: Line 1, Line 10, Line 16, Line 23, Line 24

(b) Include premium amounts for preneed plans included in Line 1

(c) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.

(d) Individual and Group Credit Life are combined and included on page. (Indicate whether included with Individual or Group.)

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - INDIVIDUAL ANNUITIES (a)

	1 Total	Deferred				6 Life Contingent Payout (Immediate and Annuityizations)	7 Other Annuities
		2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities with Guarantees	5 Variable Annuities Without Guarantees		
1. Premiums for individual annuity contracts	0						
2. Considerations for supplementary contracts with life contingencies	0	XXX	XXX	XXX	XXX		XXX
3. Net investment income	0						
4. Amortization of Interest Maintenance Reserve (IMR)	0						
5. Separate Accounts net gain from operations excluding unrealized gains or losses	0						
6. Commissions and expense allowances on reinsurance ceded	6,541	6,541					
7. Reserve adjustments on reinsurance ceded	0						
8. Miscellaneous Income:							
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts	0						
8.2 Charges and fees for deposit-type contracts	0						
8.3 Aggregate write-ins for miscellaneous income	0	0	0	0	0	0	0
9. Totals (Lines 1 to 8.3)	6,541	6,541	0	0	0	0	0
10. Death benefits	0						
11. Matured endowments (excluding guaranteed annual pure endowments)	0						
12. Annuity benefits	0						
13. Disability benefits and benefits under accident and health contracts	0						
14. Coupons, guaranteed annual pure endowments and similar benefits	0						
15. Surrender benefits and withdrawals for life contracts	0						
16. Group conversions	0						
17. Interest and adjustments on contract or deposit-type contract funds	0						
18. Payments on supplementary contracts with life contingencies	0						
19. Increase in aggregate reserves for life and accident and health contracts	0						
20. Totals (Lines 10 to 19)	0	0	0	0	0	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)	6,541	6,541					
22. Commissions and expense allowances on reinsurance assumed	0						
23. General insurance expenses	0						
24. Insurance taxes, licenses and fees, excluding federal income taxes	0						
25. Increase in loading on deferred and uncollected premiums	0						
26. Net transfers to or (from) Separate Accounts net of reinsurance	0						
27. Aggregate write-ins for deductions	0	0	0	0	0	0	0
28. Totals (Lines 20 to 27)	6,541	6,541	0	0	0	0	0
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)	0	0	0	0	0	0	0
30. Dividends to policyholders and refunds to members	0						
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)	0	0	0	0	0	0	0
32. Federal income taxes incurred (excluding tax on capital gains)	0						
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	0	0	0	0	0	0	0
34. Policies/certificates in force end of year	177	177					
DETAILS OF WRITE-INS							
08.301.							
08.302.							
08.303.							
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	0	0	0	0	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)	0	0	0	0	0	0	0
2701.							
2702.							
2703.							
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0	0	0	0	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	0	0	0	0	0	0	0

(a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which which columns are affected.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - GROUP ANNUITIES (a)

	1 Total	Deferred				6 Life Contingent Payout (Immediate and Annuitizations)	7 Other Annuities
		2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities with Guarantees	5 Variable Annuities Without Guarantees		
1. Premiums for group annuity contracts							
2. Considerations for supplementary contracts with life contingencies		XXX	XXX	XXX	XXX		XXX
3. Net investment income							
4. Amortization of Interest Maintenance Reserve (IMR)							
5. Separate Accounts net gain from operations excluding unrealized gains or losses							
6. Commissions and expense allowances on reinsurance ceded							
7. Reserve adjustments on reinsurance ceded							
8. Miscellaneous Income:							
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts							
8.2 Charges and fees for deposit-type contracts							
8.3 Aggregate write-ins for miscellaneous income							
9. Totals (Lines 1 to 8.3)							
10. Death benefits							
11. Matured endowments (excluding guaranteed annual pure endowments)							
12. Annuity benefits							
13. Disability benefits and benefits under accident and health contracts							
14. Coupons, guaranteed annual pure endowments and similar benefits							
15. Surrender benefits and withdrawals for life contracts							
16. Group conversions							
17. Interest and adjustments on contract or deposit-type contract funds							
18. Payments on supplementary contracts with life contingencies							
19. Increase in aggregate reserves for life and accident and health contracts							
20. Totals (Lines 10 to 19)							
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)							
22. Commissions and expense allowances on reinsurance assumed							
23. General insurance expenses							
24. Insurance taxes, licenses and fees, excluding federal income taxes							
25. Increase in loading on deferred and uncollected premiums							
26. Net transfers to or (from) Separate Accounts net of reinsurance							
27. Aggregate write-ins for deductions							
28. Totals (Lines 20 to 27)							
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)							
30. Dividends to policyholders and refunds to members							
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)							
32. Federal income taxes incurred (excluding tax on capital gains)							
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)							
34. Policies/certificates in force end of year							
DETAILS OF WRITE-INS							
08.301.							
08.302.							
08.303.							
08.398. Summary of remaining write-ins for Line 8.3 from overflow page							
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)							
2701.							
2702.							
2703.							
2798. Summary of remaining write-ins for Line 27 from overflow page							
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)							

(a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - ACCIDENT AND HEALTH (a)

	1	Comprehensive		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health
1. Premiums for accident and health contracts	14,061,027			13,995,451		28,570							37,006
2. Considerations for supplementary contracts with life contingencies	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Net investment income	72,785			68,779		124					1,592		2,290
4. Amortization of Interest Maintenance Reserve (IMR)	3,019			2,853		5					66		95
5. Separate Accounts net gain from operations excluding unrealized gains or losses	0												
6. Commissions and expense allowances on reinsurance ceded	65,710			58,580		3,522				0			3,608
7. Reserve adjustments on reinsurance ceded	0												
8. Miscellaneous Income:													
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts	0												
8.2 Charges and fees for deposit-type contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.3 Aggregate write-ins for miscellaneous income	31	0	0	31	0	0	0	0	0	0	0	0	0
Totals (Lines 1 to 8.3)	14,202,572	0	0	14,125,694	0	32,221	0	0	0	0	1,658	0	42,999
10. Death benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Matured endowments (excluding guaranteed annual pure endowments)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Annuity benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Disability benefits and benefits under accident and health contracts	10,230,674			10,205,744		20,201					126		4,603
14. Coupons, guaranteed annual pure endowments and similar benefits	0												
15. Surrender benefits and withdrawals for life contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
16. Group conversions	0												
17. Interest and adjustments on contract or deposit-type contract funds	0												
18. Payments on supplementary contracts with life contingencies	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
19. Increase in aggregate reserves for life and accident and health contracts	365,215			362,489		(703)					5,502		(2,073)
Totals (Lines 10 to 19)	10,595,889	0	0	10,568,233	0	19,498	0	0	0	0	5,628	0	2,530
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)	2,844,865			2,838,261		3,087				0			3,517
22. Commissions and expense allowances on reinsurance assumed	0												
23. General insurance expenses	6,849,376			6,837,047		3,425							8,904
24. Insurance taxes, licenses and fees, excluding federal income taxes	497,776			495,088		896							1,792
25. Increase in loading on deferred and uncollected premiums	3,427			3,401		15							11
26. Net transfers to or (from) Separate Accounts net of reinsurance	0												
27. Aggregate write-ins for deductions	1,907	0	0	1,904	0	1	0	0	0	0	0	0	2
Totals (Lines 20 to 27)	20,793,240	0	0	20,743,934	0	26,922	0	0	0	0	5,628	0	16,756
29. Net gain from operations before dividends to policyholders, and refunds to members and federal income taxes (Line 9 minus Line 28)	(6,590,668)	0	0	(6,618,240)	0	5,299	0	0	0	0	(3,970)	0	26,243
30. Dividends to policyholders and refunds to members	0												
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)	(6,590,668)	0	0	(6,618,240)	0	5,299	0	0	0	0	(3,970)	0	26,243
32. Federal income taxes incurred (excluding tax on capital gains)	(1,258,559)			(1,263,845)		1,007					(755)		5,034
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	(5,332,109)	0	0	(5,354,395)	0	4,292	0	0	0	0	(3,215)	0	21,209
34. Policies/certificates in force end of year	13,580			13,303		95					1		181
DETAILS OF WRITE-INS													
08.301. Interest on Agent's Balances	5			5									
08.302. Express Script Rebates	26			26									
08.303.													
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)	31	0	0	31	0	0	0	0	0	0	0	0	0
2701. Penalties	1,907			1,904		1							2
2702.													
2703.													
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	1,907	0	0	1,904	0	1	0	0	0	0	0	0	2

(a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.

Analysis of Increase in Reserves During the Year - Individual Life Insurance

N O N E

Analysis of Increase in Reserves During the Year - Group Life Insurance

N O N E

Analysis of Increase in Reserves During the Year - Individual Annuities

N O N E

Analysis of Increase in Reserves During the Year - Group Annuities

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a) .....81,817	.....77,838
1.1	Bonds exempt from U.S. tax	(a) .....	.....
1.2	Other bonds (unaffiliated)	(a) .....	.....
1.3	Bonds of affiliates	(a) .....	.....
2.1	Preferred stocks (unaffiliated)	(b) .....	.....
2.11	Preferred stocks of affiliates	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans	(c) .....	.....
4.	Real estate	(d) .....	.....
5	Contract loans .....	.....	.....
6	Cash, cash equivalents and short-term investments	(e) .....2,358	.....2,358
7	Derivative instruments	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income	84,175	80,196
11.	Investment expenses .....	.....	(g) .....7,412
12.	Investment taxes, licenses and fees, excluding federal income taxes .....	.....	(g) .....0
13.	Interest expense .....	.....	(h)
14.	Depreciation on real estate and other invested assets .....	.....	(i)
15.	Aggregate write-ins for deductions from investment income .....	.....	.....0
16.	Total deductions (Lines 11 through 15) .....	.....	.....7,412
17.	Net investment income (Line 10 minus Line 16) .....	.....	72,784
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....	.....	0

- (a) Includes \$0 accrual of discount less \$5,565 amortization of premium and less \$1,092 paid for accrued interest on purchases.
- (b) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued dividends on purchases.
- (c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$0 depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	.....0	.....0	.....0	.....0	.....0
1.1	Bonds exempt from U.S. tax .....	.....	.....	.....0	.....	.....
1.2	Other bonds (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	918,722	.....0
3.	Mortgage loans .....	.....	.....0	.....0	.....0	.....0
4.	Real estate .....	.....	.....0	.....0	.....	.....0
5.	Contract loans .....	.....	.....	.....0	.....	.....
6.	Cash, cash equivalents and short-term investments .....	.....	.....	.....0	.....	.....
7.	Derivative instruments .....	.....	.....	.....0	.....	.....
8.	Other invested assets .....	.....	.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses)	0	0	0	918,722	0
DETAILS OF WRITE-INS						
0901.	.....	.....	.....	.....	.....	.....
0902.	.....	.....	.....	.....	.....	.....
0903.	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

EXHIBIT - 1 PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

		1	2	Ordinary		5	Insurance Group		Accident and Health			11	12
				3	4		6	7	8	9	10		
		Total	Industrial Life	Life Insurance	Individual Annuities	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business	Fraternal (Fraternal Benefit Societies Only)
FIRST YEAR (other than single)													
1.	Uncollected	36,723									36,723		
2.	Deferred and accrued	0											
3.	Deferred , accrued and uncollected:												
3.1	Direct	36,723									36,723		
3.2	Reinsurance assumed	0											
3.3	Reinsurance ceded	0											
3.4	Net (Line 1 + Line 2)	36,723	0	0	0	0	0	0	0	0	36,723	0	0
4.	Advance	660,883									660,883		
5.	Line 3.4 - Line 4	(624,160)	0	0	0	0	0	0	0	0	(624,160)	0	0
6.	Collected during year:												
6.1	Direct	11,881,384							876		11,880,508		
6.2	Reinsurance assumed	0											
6.3	Reinsurance ceded	0											
6.4	Net	11,881,384	0	0	0	0	0	0	876	0	11,880,508	0	0
7.	Line 5 + Line 6.4	11,257,224	0	0	0	0	0	0	876	0	11,256,348	0	0
8.	Prior year (uncollected + deferred and accrued - advance)	(231,916)	0	0	0	0	0	0	0	0	(231,916)	0	0
9.	First year premiums and considerations:												
9.1	Direct	11,489,140							876		11,488,264		
9.2	Reinsurance assumed	0											
9.3	Reinsurance ceded	0											
9.4	Net (Line 7 - Line 8)	11,489,140	0	0	0	0	0	0	876	0	11,488,264	0	0
SINGLE													
10.	Single premiums and considerations:												
10.1	Direct	0											
10.2	Reinsurance assumed	0											
10.3	Reinsurance ceded	0											
10.4	Net	0	0	0	0	0	0	0	0	0	0	0	0
RENEWAL													
11.	Uncollected	(131,203)							(1,284)		(129,919)		
12.	Deferred and accrued	(96,407)									(96,407)		
13.	Deferred, accrued and uncollected:												
13.1	Direct	59,505		134,440					337		(75,272)		
13.2	Reinsurance assumed	0											
13.3	Reinsurance ceded	287,115		134,440					1,621		151,054		
13.4	Net (Line 11 + Line 12)	(227,610)	0	0	0	0	0	0	(1,284)	0	(226,326)	0	0
14.	Advance	26,207							246		25,961		
15.	Line 13.4 - Line 14	(253,817)	0	0	0	0	0	0	(1,530)	0	(252,287)	0	0
16.	Collected during year:												
16.1	Direct	3,853,015		388,900	145,961		61		17,790		3,300,303		
16.2	Reinsurance assumed	0											
16.3	Reinsurance ceded	1,239,804		388,900	145,961		61		6,028		698,854		
16.4	Net	2,613,211	0	0	0	0	0	0	11,762	0	2,601,449	0	0
17.	Line 15 + Line 16.4	2,359,394	0	0	0	0	0	0	10,232	0	2,349,162	0	0
18.	Prior year (uncollected + deferred and accrued - advance)	(212,493)	0	0	0	0	0	0	(1,745)	0	(210,749)	0	0
19.	Renewal premiums and considerations:												
19.1	Direct	3,743,301		364,612	145,961		61		18,127		3,214,540		
19.2	Reinsurance assumed	0											
19.3	Reinsurance ceded	1,171,413		364,612	145,961		61		6,151		654,628		
19.4	Net (Line 17 - Line 18)	2,571,888	0	0	0	0	0	0	11,976	0	2,559,912	0	0
TOTAL													
20.	Total premiums and annuity considerations:												
20.1	Direct	15,232,441	0	364,612	145,961	0	61	0	19,003	0	14,702,804	0	0
20.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0
20.3	Reinsurance ceded	1,171,413	0	364,612	145,961	0	61	0	6,151	0	654,628	0	0
20.4	Net (Lines 9.4 + 10.4 + 19.4)	14,061,028	0	0	0	0	0	0	12,852	0	14,048,176	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

EXHIBIT - 1 PART 2 - POLICYHOLDERS' DIVIDENDS, REFUNDS TO MEMBERS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (Direct Business Only)

	Insurance											
	1	2	Ordinary		5	Group		Accident and Health			11	12
			3	4		6	7	8	9	10		
	Total	Industrial Life	Life Insurance	Individual Annuities	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business	Fraternal (Fraternal Benefit Societies Only)
POLICYHOLDERS' DIVIDENDS, REFUNDS TO MEMBERS AND COUPONS APPLIED (included in Part 1)												
21. To pay renewal premiums	0											
22. All other	0											
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED												
23. First year (other than single):												
23.1 Reinsurance ceded	0											
23.2 Reinsurance assumed	0											
23.3 Net ceded less assumed	0	0	0	0	0	0	0	0	0	0	0	0
24. Single:												
24.1 Reinsurance ceded	0											
24.2 Reinsurance assumed	0											
24.3 Net ceded less assumed	0	0	0	0	0	0	0	0	0	0	0	0
25. Renewal:												
25.1 Reinsurance ceded	78,415		6,163	6,541				1,142		64,569		
25.2 Reinsurance assumed	0											
25.3 Net ceded less assumed	78,415	0	6,163	6,541	0	0	0	1,142	0	64,569	0	0
26. Totals:												
26.1 Reinsurance ceded (Page 6, Line 6)	78,415	0	6,163	6,541	0	0	0	1,142	0	64,569	0	0
26.2 Reinsurance assumed (Page 6, Line 22)	0	0	0	0	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed	78,415	0	6,163	6,541	0	0	0	1,142	0	64,569	0	0
COMMISSIONS INCURRED (direct business only)												
27. First year (other than single)	2,603,224									2,603,224		
28. Single	0											
29. Renewal	254,346		6,163	6,541				1,088		240,554		
30. Deposit-type contract funds	0											
31. Totals (to agree with Page 6, Line 21)	2,857,570	0	6,163	6,541	0	0	0	1,088	0	2,843,778	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

EXHIBIT 2 - GENERAL EXPENSES

	Insurance				5	6	7
	1	Accident and Health		4			
		2	3				
	Life	Cost Containment	All Other	All Other Lines of Business	Investment	Fraternal	Total
1. Rent			21,195				21,195
2. Salaries and wages			3,044,575				3,044,575
3.11 Contributions for benefit plans for employees			472,007				472,007
3.12 Contributions for benefit plans for agents							0
3.21 Payments to employees under non-funded benefit plans			14,432				14,432
3.22 Payments to agents under non-funded benefit plans							0
3.31 Other employee welfare			5,095				5,095
3.32 Other agent welfare							0
4.1 Legal fees and expenses							0
4.2 Medical examination fees			114,215				114,215
4.3 Inspection report fees							0
4.4 Fees of public accountants and consulting actuaries							0
4.5 Expense of investigation and settlement of policy claims		1,133	23,730				24,863
5.1 Traveling expenses			8,063				8,063
5.2 Advertising			156,304				156,304
5.3 Postage, express, telegraph and telephone			882,735				882,735
5.4 Printing and stationery			48,258				48,258
5.5 Cost or depreciation of furniture and equipment			1,598				1,598
5.6 Rental of equipment			1,004				1,004
5.7 Cost or depreciation of EDP equipment and software			230,324				230,324
6.1 Books and periodicals			166				166
6.2 Bureau and association fees			21,797				21,797
6.3 Insurance, except on real estate			3,815				3,815
6.4 Miscellaneous losses			3,562				3,562
6.5 Collection and bank service charges			51,498				51,498
6.6 Sundry general expenses		3,410	227,489				230,899
6.7 Group service and administration fees							0
6.8 Reimbursements by uninsured plans							0
7.1 Agency expense allowance			217,333				217,333
7.2 Agents' balances charged off (less \$ recovered)			7,256				7,256
7.3 Agency conferences other than local meetings			(70,426)				(70,426)
8.1 Official publication (Fraternal Benefit Societies Only)	XXX	XXX	XXX	XXX	XXX		0
8.2 Expense of supreme lodge meetings (Fraternal Benefit Societies Only)	XXX	XXX	XXX	XXX	XXX		0
9.1 Real estate expenses							0
9.2 Investment expenses not included elsewhere					7,412		7,412
9.3 Aggregate write-ins for expenses	0	0	1,358,808	0	0	0	1,358,808
10. General expenses incurred	0	4,543	6,844,833	0	7,412	(b) 0	(a) 6,856,788
11. General expenses unpaid Dec. 31, prior year			16,152				16,152
12. General expenses unpaid Dec. 31, current year			50,689				50,689
13. Amounts receivable relating to uninsured plans, prior year							0
14. Amounts receivable relating to uninsured plans, current year							0
15. General expenses paid during year (Lines 10+11-12-13+14)	0	4,543	6,810,296	0	7,412	0	6,822,251
DETAILS OF WRITE-INS							
09.301. Marketing Expenses			1,203,531				1,203,531
09.302. Purchased Services			155,277				155,277
09.303.							
09.398. Summary of remaining write-ins for Line 9.3 from overflow page	0	0	0	0	0	0	0
09.399. Totals (Lines 09.301 thru 09.303 plus 09.398) (Line 9.3 above)	0	0	1,358,808	0	0	0	1,358,808

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

(b) Show the distribution of this amount in the following categories (Fraternal Benefit Societies Only):

1. Charitable \$; 2. Institutional \$; 3. Recreational and Health \$; 4. Educational \$;

5. Religious \$; 6. Membership \$; 7. Other \$; 8. Total \$ 0

EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

		Insurance			4	5	6
		1	2	3			
		Life	Accident and Health	All Other Lines of Business	Investment	Fraternal	Total
1.	Real estate taxes						0
2.	State insurance department licenses and fees		52,170				52,170
3.	State taxes on premiums		280,259				280,259
4.	Other state taxes, including \$ for employee benefits		644				644
5.	U.S. Social Security taxes		159,068				159,068
6.	All other taxes		5,635				5,635
7.	Taxes, licenses and fees incurred	0	497,776	0	0	0	497,776
8.	Taxes, licenses and fees unpaid Dec. 31, prior year		121,843				121,843
9.	Taxes, licenses and fees unpaid Dec. 31, current year		286,075				286,075
10.	Taxes, licenses and fees paid during year (Lines 7 + 8 - 9)	0	333,544	0	0	0	333,544

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1	2
	Life	Accident and Health
1. Applied to pay renewal premiums		
2. Applied to shorten the endowment or premium-paying period		
3. Applied to provide paid-up additions		
4. Applied to provide paid-up annuities		
5. Total Lines 1 through 4		
6. Paid in cash		
7. Left on deposit		
8. Aggregate write-ins for dividend or refund options		
9. Total Lines 5 through 8		
10. Amount due and unpaid		
11. Provision for dividends or refunds payable in the following calendar year		
12. Terminal dividends		
13. Provision for deferred dividend contracts		
14. Amount provisionally held for deferred dividend contracts not included in Line 13		
15. Total Lines 10 through 14		
16. Total from prior year		
17. Total dividends or refunds (Lines 9 + 15 - 16)		
DETAILS OF WRITE-INS		
0801.		
0802.		
0803.		
0898. Summary of remaining write-ins for Line 8 from overflow page		
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total ^(a)	Industrial	Ordinary	Credit (Group and Individual)	Group
0100001. 58 CET 3.0% ALB NLP. CRF (66-00)	45,710		45,710		
0100002. 58 CSO 2.5% ANB CRVM. CRF (68-84)	37,790		37,790		
0100003. 58 CSO 3.0% ALB NLP CRF. (67-69)	4,216		4,216		
0100004. 58 CSO 3.0% ANB CRVM CRF. (66-86)	136,036		136,036		
0100005. 58 CSO 3.0% ANB NLP CRF. (66-86)	247,285		247,285		
0100006. 58 CSO 3.25% ANB CRVM CRF. (68-84)	2,883		2,883		
0100007. 58 CSO 3.5% ANB CRVM CRF. (66-77)	466		466		
0100008. 58 CSO 3.5% ANB NLP CRF. (66-86)	7,580		7,580		
0100009. 58 CSO 3.5%/20/ 3% CRVM NLP CRF (66-86)	107,343		107,343		
0100010. 58 CSO 4.5% ANB CRVM CRF. (87-96)	18		18		
0100011. 58 CSO 4.5% ANB NLP CRF (87-06)	0		0		
0100012. 80 CET 4.5% ANB NLP CRF. (87-06)	6		6		
0100013. 80 CSO 4.5% ANB CRVM CNF. (87-06)	558,881		558,881		
0100014. 2001 CSO 4.0% ANB CRVM CNF. (06-10)	858,857		858,857		
0100015. 2001 CSO 4.0% ANB NLP CRF. (06-10)	6,641		6,641		
0100016. 2001 CSO 4.5% ANB CRVM CNF. (05)	75,245		75,245		
0100017. 2001 CSO 4.5% ANB NLP CRF. (05)	8,613		8,613		
0199997. Totals (Gross)	2,097,570	0	2,097,570	0	0
0199998. Reinsurance ceded	2,097,570		2,097,570		
0199999. Life Insurance: Totals (Net)	0	0	0	0	0
0200001. Deferred @ 3 1/2%. (89-98)	36,026	XXX	36,026	XXX	
0200002. Deferred @ 4 1/2%. (89-98)	5,835,003	XXX	5,835,003	XXX	
0200003. Deferred @ 5 1/2%. (89-98)	1,367,758	XXX	1,367,758	XXX	
0299997. Totals (Gross)	7,238,787	XXX	7,238,787	XXX	0
0299998. Reinsurance ceded	7,238,787	XXX	7,238,787	XXX	
0299999. Annuities: Totals (Net)	0	XXX	0	XXX	0
0300001. 1983A 4.00%. (86-08)	119,526		119,526		
0300002. 1983A 6.75%. (86-08)	14,717		14,717		
0300003. 1983A 7.75%. (86-08)	803		803		
0300004. 1983A 8.75%. (86-08)	22,330		22,330		
0300005. 1983A 7.75%. (86-08)	0		0		
0399997. Totals (Gross)	157,376	0	157,376	0	0
0399998. Reinsurance ceded	157,376		157,376		
0399999. SCWLC: Totals (Net)	0	0	0	0	0
0400001. 1959 ADB 1958 CSO 3%. (84-08)	124		124		
0499997. Totals (Gross)	124	0	124	0	0
0499998. Reinsurance ceded	124		124		
0499999. Accidental Death Benefits: Totals (Net)	0	0	0	0	0
0500001. 1952 DIS - 1958 CSO 3%. (84-08)	461		461		
0599997. Totals (Gross)	461	0	461	0	0
0599998. Reinsurance ceded	461		461		
0599999. Disability-Active Lives: Totals (Net)	0	0	0	0	0
0600001. 1964 CDT 3% (84-12)	23,105		23,105		
0699997. Totals (Gross)	23,105	0	23,105	0	0
0699998. Reinsurance ceded	23,105		23,105		
0699999. Disability-Disabled Lives: Totals (Net)	0	0	0	0	0
0700001. Deficiency Reserve	21,933		21,933		
0700002. Non-deduction of fractional premiums	9,357		9,357		
0700003. Group Conversions	0		0		
0700004. Immediate Payment of Death Claims	25,642		25,642		
0799997. Totals (Gross)	56,932	0	56,932	0	0
0799998. Reinsurance ceded	56,932		56,932		
0799999. Miscellaneous Reserves: Totals (Net)	0	0	0	0	0
9999999. Totals (Net) - Page 3, Line 1	0	0	0	0	0

(a) Included in the above table are amounts of deposit-type contracts that originally contained a mortality risk. Amounts of deposit-type contracts in Column 2 that no longer contain a mortality risk are Life Insurance \$; Annuities \$; Supplementary Contracts with Life Contingencies \$; Accidental Death Benefits \$; Disability - Active Lives \$; Disability - Disabled Lives \$; Miscellaneous Reserves \$

EXHIBIT 5 - INTERROGATORIES

1.1

Has the reporting entity ever issued both participating and non-participating contracts?

Yes [X] No []

1.2

If not, state which kind is issued.

2.1

Does the reporting entity at present issue both participating and non-participating contracts?

Yes [] No [X]

2.2

If not, state which kind is issued.

3.

Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?

Yes [X] No []

If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

4.

Has the reporting entity any assessment or stipulated premium contracts in force?

Yes [] No [X]

If so, state:

4.1

Amount of insurance?

\$

4.2

Amount of reserve?

\$

4.3

Basis of reserve:

4.4

Basis of regular assessments:

4.5

Basis of special assessments:

4.6

Assessments collected during the year

\$

5.

If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6.

Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?

Yes [] No [X]

6.1

If so, state the amount of reserve on such contracts on the basis actually held:

\$

6.2

That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:

\$

Attach statement of methods employed in their valuation.

7.

Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?

Yes [] No [X]

7.1

If yes, state the total dollar amount of assets covered by these contracts or agreements

\$

7.2

Specify the basis (fair value, amortized cost, etc.) for determining the amount:

7.3

State the amount of reserves established for this business:

\$

7.4

Identify where the reserves are reported in the blank:

8.

Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?

Yes [] No [X]

8.1

If yes, state the total dollar amount of account value covered by these contracts or agreements:

\$

8.2

State the amount of reserves established for this business:

\$

8.3

Identify where the reserves are reported in the blank:

9.

Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?

Yes [] No [X]

9.1

If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:

\$

9.2

State the amount of reserves established for this business:

\$

9.3

Identify where the reserves are reported in the blank:

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1	Valuation Basis		4
	2	3	
Description of Valuation Class	Changed From	Changed To	Increase in Actuarial Reserve Due to Change
NONE			
9999999 - Total (Column 4, only)			

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS (a)

	1 Total	Comprehensive		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
		2 Individual	3 Group										
ACTIVE LIFE RESERVE													
1. Unearned premium reserves	735,200	135		725,214		1,180							8,671
2. Additional contract reserves (b)	274,811			28,669							82,014		164,128
3. Additional actuarial reserves-Asset/Liability analysis	0												
4. Reserve for future contingent benefits	0												
5. Reserve for rate credits	0												
6. Aggregate write-ins for reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Totals (Gross)	1,010,011	135	0	753,883	0	1,180	0	0	0	0	82,014	0	172,799
8. Reinsurance ceded	172,446	135		48,504		588					41,007		82,212
9. Totals (Net)	837,565	0	0	705,379	0	592	0	0	0	0	41,007	0	90,587
CLAIM RESERVE													
10. Present value of amounts not yet due on claims	21,124										21,124		
11. Additional actuarial reserves-Asset/Liability analysis	0												
12. Reserve for future contingent benefits	0												
13. Aggregate write-ins for reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Totals (Gross)	21,124	0	0	0	0	0	0	0	0	0	21,124	0	0
15. Reinsurance ceded	19,804										19,804		
16. Totals (Net)	1,320	0	0	0	0	0	0	0	0	0	1,320	0	0
17. TOTAL (Net)	838,885	0	0	705,379	0	592	0	0	0	0	42,327	0	90,587
18. TABULAR FUND INTEREST	24,562			18,321		42					2,143		4,056
DETAILS OF WRITE-INS													
0601.													
0602.													
0603.													
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
0699. TOTALS (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1301.													
1302.													
1303.													
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1399. TOTALS (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.

(b) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods.

EXHIBIT 7 - DEPOSIT TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance	26,907	0	0	15,597	11,310	0
2. Deposits received during the year	0					
3. Investment earnings credited to the account	882			510	372	
4. Other net change in reserves	501			1	500	
5. Fees and other charges assessed	0					
6. Surrender charges	0					
7. Net surrender or withdrawal payments	3,966			3,757	209	
8. Other net transfers to or (from) Separate Accounts	0					
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8)	24,324	0	0	12,351	11,973	0
10. Reinsurance balance at the beginning of the year	(26,907)	0	0	(15,597)	(11,310)	0
11. Net change in reinsurance assumed	0					
12. Net change in reinsurance ceded	(2,583)			(3,246)	663	
13. Reinsurance balance at the end of the year (Lines 10+11-12)	(24,324)	0	0	(12,351)	(11,973)	0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 1 - Liability End of Current Year

		1	2	Ordinary			6	Group		Accident and Health		
				3	4	5		7	8	9	10	11
		Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit (Group and Individual)	Other
1.	Due and unpaid:											
	1.1 Direct	0										
	1.2 Reinsurance assumed	0										
	1.3 Reinsurance ceded	0										
	1.4 Net	0	0	0	0	0	0	0	0	0	0	0
2.	In course of settlement:											
	2.1 Resisted											
	2.11 Direct	0										
	2.12 Reinsurance assumed	0										
	2.13 Reinsurance ceded	0										
	2.14 Net	0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0	0	0	0
	2.2 Other											
	2.21 Direct	175,888		2,226	85,313					1,058		87,291
	2.22 Reinsurance assumed	0										
	2.23 Reinsurance ceded	91,206		2,226	85,313					997		2,670
	2.24 Net	84,682	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0	(b) 61	(b) 0	(b) 84,621
3.	Incurred but unreported:											
	3.1 Direct	1,699,484		21,493						429		1,677,562
	3.2 Reinsurance assumed	0										
	3.3 Reinsurance ceded	79,944		21,493						(251)		58,702
	3.4 Net	1,619,540	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0	(b) 680	(b) 0	(b) 1,618,860
4.	TOTALS											
	4.1 Direct	1,875,372	0	23,719	85,313	0	0	0	0	1,487	0	1,764,853
	4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
	4.3 Reinsurance ceded	171,150	0	23,719	85,313	0	0	0	0	746	0	61,372
	4.4 Net	1,704,222	(a) 0	(a) 0	0	0	0	(a) 0	0	741	0	1,703,481

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$ in Column 2, \$ in Column 3 and \$ in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$ Individual Annuities \$, Credit Life (Group and Individual) \$, and Group Life \$, are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$ Credit (Group and Individual) Accident and Health \$, and Other Accident and Health \$ are included in Page 3, Line 2 (See Exhibit 6, Claim Reserve).

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 2 - Incurred During the Year

	1 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements During the Year:											
1.1 Direct	9,930,280		588,519	93,763					16,915		9,231,083
1.2 Reinsurance assumed	0										
1.3 Reinsurance ceded	1,146,953		588,519	93,763					7,326		457,345
1.4 Net (d)	8,783,327	0	0	0	0	0	0	0	9,589	0	8,773,738
2. Liability December 31, current year from Part 1:											
2.1 Direct	1,875,372	0	23,719	85,313	0	0	0	0	1,487	0	1,764,853
2.2 Reinsurance assumed	0										
2.3 Reinsurance ceded	171,150	0	23,719	85,313	0	0	0	0	746	0	61,372
2.4 Net	1,704,222	0	0	0	0	0	0	0	741	0	1,703,481
3. Amounts recoverable from reinsurers December 31, current year	128,941		50,000						1,499		77,442
4. Liability December 31, prior year:											
4.1 Direct	526,822	0	75,695	88,560	0	0	0	0	1,460	0	361,107
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	222,313	0	75,695	88,560	0	0	0	0	732	0	57,326
4.4 Net	304,509	0	0	0	0	0	0	0	728	0	303,781
5. Amounts recoverable from reinsurers December 31, prior year	126,577								641		125,936
6. Incurred Benefits											
6.1 Direct	11,278,830	0	536,543	90,516	0	0	0	0	16,942	0	10,634,829
6.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded	1,098,154	0	586,543	90,516	0	0	0	0	8,198	0	412,897
6.4 Net	10,180,676	0	(50,000)	0	0	0	0	0	8,744	0	10,221,932

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ in Line 1.1, \$ in Line 1.4.
\$ in Line 6.1, and \$ in Line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ in Line 1.1, \$ in Line 1.4.
\$ in Line 6.1, and \$ in Line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ in Line 1.1, \$ in Line 1.4.
\$ in Line 6.1, and \$ in Line 6.4.

(d) Includes \$ premiums waived under total and permanent disability benefits.

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	1,092		(1,092)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset		1,378,038	1,378,038
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivables from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable	2,049,424	531,974	(1,517,450)
25. Aggregate write-ins for other than invested assets	2,990	59,933	56,943
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	2,053,506	1,969,945	(83,561)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	2,053,506	1,969,945	(83,561)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Other Receivables	2,152	33,952	31,800
2502. Disallowed IMR	838	0	(838)
2503. Premium Tax Refunds		25,981	25,981
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	2,990	59,933	56,943

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

Note 1 – Summary of Significant Accounting Policies and Going Concern

The COVID-19 pandemic has pervasively impacted the economy, financial markets and the global health care delivery systems, including significant deferral of care of our customers resulting in lower claims paid in 2020, and, to a lesser extent, in 2021. The Company closely monitors the evolving dynamics of the COVID-19 pandemic to identify risks and evaluate potential exposures. Except for lower claims resulting from deferral of care, neither the pandemic nor any federal or state regulatory actions taken as a result of the pandemic have had a material impact on the Company's financial position or results of operations as of or for the year ended December 31, 2021 or 2020.

A. Accounting Practices

The financial Statements of Cigna National Health Insurance Company ("CNHIC" or "the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Ohio.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	SSAP #	F/S Page	F/S Line #	2021	2020
NET INCOME					
(1) Company state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$(5,332,109)	\$(288,853)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP	—	—	—	—	—
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP	—	—	—	—	—
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$(5,332,109)	\$(288,853)
SURPLUS					
(5) Company state basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	\$8,977,475	\$14,857,997
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP	—	—	—	—	—
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP	—	—	—	—	—
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$8,977,475	\$14,857,997

B. Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Life premiums are recognized as income over the premium-paying period of the related policies. Annuity considerations are recognized as revenue when received. Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

The Company uses the following accounting policies:

- (1)-(2) Basis for Short-Term Investments, Bonds and Amortization
Investments in bonds and short-term investments are carried at amortized cost, except those in or near default that are carried at the lesser of cost or fair value. Amortization of bond premium or discount is calculated using the scientific (constant yield) interest method. Bonds containing call provisions are amortized to call date which produces the lowest asset value (yield to worst). Investments with original maturities of one year or less from the time of purchase are classified as short-term. Bonds are considered impaired and their cost basis is written down to fair value through an asset valuation reserve for credit-related losses or an interest maintenance reserve for interest-related losses, when management expects a decline in value to persist (i.e., the decline is other-than-temporary).
- (3) Basis for Common Stocks
Common stocks are carried at fair value except for common stock of affiliates which are valued using methods described below.
- (4) Basis for Preferred Stocks
Not Applicable
- (5) Basis for Mortgage Loans
Not Applicable
- (6) Basis for Loan-Backed Securities and Adjustment Methodology
Loan-backed bonds and structured securities are valued at amortized cost using the constant level yield method. Significant changes in estimated cash flows from the original purchase assumptions are accounted for generally using the retrospective adjustment method. For loan-backed and structured securities that have potential for loss of a significant portion of the original investment, significant changes in estimated cash flows from the original purchase assumptions are accounted for using the prospective method. These securities are presented on the balance sheet as bonds.

Prepayment assumptions for loan-backed securities and other structured securities were obtained from external financial data sources. These assumptions are consistent with the current interest rate and economic environment.

When the Company determines it does not expect to recover the amortized cost basis of loan-backed or structured securities with declines in fair value (even if it does not intend to sell and has the intent and ability to hold), the non-interest portion of the impairment loss is recognized in realized investment losses. The non-interest portion is the difference between the amortized cost basis of the loan-backed or structured security and the net present value of its expected future cash flows. Expected future cash flows are based on assumptions about the collateral attributes, including prepayment speeds, default rates and changes in value.
- (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities
Investments in subsidiaries, controlled and affiliated entities are reported using the statutory equity method based on the entity's audited equity prepared using NAIC SAP in accordance with SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities. These entities are presented on the balance sheet as common stock.
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities
Not Applicable
- (9) Accounting Policies for Derivatives
Not Applicable

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

- (10) Anticipated Investment Income Used in Premium Deficiency Calculation
The Company utilizes anticipated investment income as a factor in the premium deficiency calculation.
- (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses
Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period
Not Applicable
- (13) Method Used to Estimate Pharmaceutical Rebate Receivables
Not Applicable

D. Going Concern

In accordance with SSAP No. 1, "Accounting Policies, Risks and Uncertainties, and Other Disclosures," management has made an evaluation of the Company's ability to continue as a going concern, including such factors as its current financial position, recent earnings and cash flow trends and projections, liquidity and capital requirements, readily available sources of liquidity and such other factors deemed by management to be appropriate under the circumstances. As a result of management's evaluation, no conditions, events or trends have been identified that causes substantial doubt as to the ability of the Company to continue as a going concern and, accordingly, the accompanying financial statements have been prepared on the going concern basis.

Note 2 – Accounting Changes and Correction of Errors

Not applicable.

Note 3 – Business Combinations and Goodwill

Not applicable.

Note 4 – Discontinued Operations

Not applicable.

Note 5 – Investments

A. - K. Not applicable.

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted					6	7
	Current Year						
	1	2	3	4	5		
	Total General Account (G/A)	G/A Supporting S/ A Activity (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
b. Collateral held under security lending arrangements	—	—	—	—	—	—	—
c. Subject to repurchase agreements	—	—	—	—	—	—	—
d. Subject to reverse repurchase agreements	—	—	—	—	—	—	—
e. Subject to dollar repurchase agreements	—	—	—	—	—	—	—
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	—	—
g. Placed under option contracts	—	—	—	—	—	—	—
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	—	—	—	—	—	—	—
i. FHLB capital stock	—	—	—	—	—	—	—
j. On deposit with states	—	—	—	—	—	—	—
k. On deposit with other regulatory bodies	4,460,360.00	—	—	—	4,460,360.00	4,452,773.00	7,587.00
l. Pledged as collateral to FHLB (including assets backing funding agreements)	—	—	—	—	—	—	—
m. Pledged as collateral not captured in other categories	—	—	—	—	—	—	—
n. Other restricted assets	—	—	—	—	—	—	—
o. Total Restricted Assets	\$ 4,460,360.00	\$ —	\$ —	\$ —	\$ 4,460,360.00	\$ 4,452,773.00	\$ 7,587.00

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

Restricted Asset Category	Current Year			
	8	9	Percentage	
	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	10 Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	11 Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	— %	— %
b. Collateral held under security lending arrangements	—	—	— %	— %
c. Subject to repurchase agreements	—	—	— %	— %
d. Subject to reverse repurchase agreements	—	—	— %	— %
e. Subject to dollar repurchase agreements	—	—	— %	— %
f. Subject to dollar reverse repurchase agreements	—	—	— %	— %
g. Placed under option contracts	—	—	— %	— %
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	—	—	— %	— %
i. FHLB capital stock	—	—	— %	— %
j. On deposit with states	—	—	— %	— %
k. On deposit with other regulatory bodies	—	4,460,360	26.1 %	29.6 %
l. Pledged as collateral to FHLB (including assets backing funding agreements)	—	—	— %	— %
m. Pledged as collateral not captured in other categories	—	—	— %	— %
n. Other restricted assets	—	—	— %	— %
o. Total Restricted Assets	\$ —	\$ 4,460,360	26.1 %	29.6 %

- (a) Subset of column 1
(b) Subset of column 3
(c) Column 5 divided by Asset Page, Column 1, Line 28
(d) Column 9 divided by Asset Page, Column 3, Line 28

- (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contacts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate)
Not applicable.
- (3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate)
Not applicable.
- (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements
Not applicable.

M. - Q. Not applicable.

R. Shares of Cash Pool by Asset Type

The Company and other entities participate in a corporate cash pooling arrangement to manage liquidity and optimize returns. Under NAIC guidance, entities report their entire cash balance in the cash pool as the asset type which represents a majority of the held assets. As of December 31, 2021 the Company's share of the cash pool by asset type were as follows:

Asset Type	Percent Share
(1) Cash	— %
(2) Cash Equivalents	88 %
(3) Short-Term Investments	12 %
(4) Total	100 %

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

Note 7 – Investment Income

- A. Due and accrued income is excluded from surplus on the following basis:
Bonds - If deemed collectible, investment income due and accrued exceeding 90 days past due is non-admitted.
- B. No income was excluded for the years ended December 31, 2021 and 2020.

Note 8 – Derivative Instruments

Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

Note 9 – Income Taxes

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability)

	2021			2020			Change		
	1	2	3	4	5	6	7	8	9
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
a. Gross deferred tax assets	\$ 1,819,179	\$ —	\$ 1,819,179	\$ 1,385,223	\$ —	\$ 1,385,223	\$ 433,956	\$ —	\$ 433,956
b. Statutory valuation allowance adjustment	1,806,997	—	1,806,997	—	—	—	1,806,997	—	1,806,997
c. Adjusted gross deferred tax assets (1a-1b)	\$ 12,182	\$ —	\$ 12,182	\$ 1,385,223	\$ —	\$ 1,385,223	\$(1,373,041)	\$ —	\$(1,373,041)
d. Deferred tax assets nonadmitted	—	—	—	1,378,038	—	1,378,038	(1,378,038)	—	(1,378,038)
e. Subtotal net admitted deferred tax asset (1c-1d)	\$ 12,182	\$ —	\$ 12,182	\$ 7,185	\$ —	\$ 7,185	\$ 4,997	\$ —	\$ 4,997
f. Deferred tax liabilities	12,182	—	12,182	7,185	—	7,185	4,997	—	4,997
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —

2. Admission Calculation Components SSAP No. 101

	2021			2020			Change		
	1	2	3	4	5	6	7	8	9
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:	—	—	—	—	—	—	—	—	—
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	—	—	—	—	—	—	—	—	—
Adjusted gross deferred tax assets allowed per limitation threshold			1,346,621			2,228,700			(882,07
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	12,182		12,182	7,185		7,185	4,997	—	4,99
d. Deferred tax assets admitted as the result of application of SSAP No. 101.									
Total (2(a)+2(b)+2(c)	\$ 12,182	\$ —	\$ 12,182	\$ 7,185	\$ —	\$ 7,185	\$ 4,997	\$ —	\$ 4,99

3. Other Admissibility Criteria

		2021	2020
a.	Ratio percentage used to determine recovery period and threshold limitation amount	1223%	3963%
b.	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 8,977,475	\$ 14,857,997

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	2021		2020		Change	
	1	2	3	4	5	6
	Ordinary	Capital	Ordinary	Capital	(Col. 1-3) Ordinary	(Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 12,182	\$ —	\$ 1,385,223	\$ —	\$ (1,373,041)	\$ —
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	— %	— %	— %	— %	— %	— %
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 12,182	\$ —	\$ 7,185	\$ —	\$ 4,997	\$ —
gross DTAs by tax character admitted because of the impact of tax planning strategies	— %	— %	— %	— %	— %	— %

(b) Does the company’s tax planning strategies include the use of reinsurance? NO

B. Deferred Tax Liabilities Not Recognized

All deferred tax liabilities have been properly recognized.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

C. Current and Deferred Income Taxes

1. Current Income Tax

	1	2	3
	2021	2020	(Col 1-2) Change
a. Federal	\$ (1,258,559)	\$ (190,414)	\$ (1,068,145)
b. Foreign	—	—	\$ —
c. Subtotal	(1,258,559)	(190,414)	\$ (1,068,145)
d. Federal income tax on net capital gains	—	—	\$ —
e. Utilization of capital loss carry-forwards	—	—	\$ —
f. Other	—	—	\$ —
g. Federal and Foreign income taxes incurred	\$ (1,258,559)	\$ (190,414)	\$ (1,068,145)

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

2. Deferred Tax Assets

	1	2	3
	2021	2020	(Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	\$ —	\$ —	\$ —
2. Unearned premium reserve	—	—	—
3. Policyholder reserves	19,603	6,793	12,810
4. Investments	—	—	—
5. Deferred acquisition costs	580,023	329,821	250,202
6. Policyholder dividends accrual	—	—	—
7. Fixed assets	—	—	—
8. Compensation and benefits accrual	—	—	—
9. Pension accrual	—	—	—
10. Receivables - nonadmitted	—	—	—
11. Net operating loss carry-forward	—	—	—
12. Tax credit carry-forward	—	—	—
13. Other (items <=5% and >5% of total ordinary tax assets)	1,219,553	1,048,609	170,944
Other (items listed individually >5%of total ordinary tax assets)			
Goodwill and Intangibles	771,225	907,325	(136,100)
Nondeductible assets	431,237	124,301	306,936
Other	17,091	16,983	108
99. Subtotal	\$ 1,819,179	\$ 1,385,223	\$ 433,956
b. Statutory valuation allowance adjustment	1,806,997	—	1,806,997
c. Nonadmitted	—	1,378,038	(1,378,038)
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	12,182	7,185	4,997
e. Capital:			
1. Investments	—	—	—
2. Net capital loss carry-forward	—	—	—
3. Real estate	—	—	—
4. Other (items <=5% and >5% of total capital tax assets)	—	—	—
Other (items listed individually >5% of total capital tax assets)	—	—	—
99. Subtotal	\$ —	\$ —	\$ —
f. Statutory valuation allowance adjustment	—	—	—
g. Nonadmitted	—	—	—
h. Admitted capital deferred tax assets (2e99-2f-2g)	—	—	—
i. Admitted deferred tax assets (2d+2h)	\$ 12,182	\$ 7,185	\$ 4,997

3. Deferred Tax Liabilities

	1	2	3
	2021	2020	(Col 1-2) Change
a. Ordinary:			
1. Investments	\$ 390	\$ 287	\$ 103
2. Fixed assets	—	—	—
3. Deferred and uncollected premium	—	—	—
4. Policyholder reserves	—	—	—
5. Other (items <=5% and >5% of total ordinary tax liabilities)	11,792	6,898	4,894
Other (items listed individually >5% of total ordinary tax liabilities)	—	—	—
99. Subtotal	\$ 12,182	\$ 7,185	\$ 4,997
b. Capital:			
1. Investments	\$ —	\$ —	\$ —
2. Real estate	—	—	—
3. Other (Items <=5% and >5% of total capital tax liabilities)	—	—	—
Other (items listed individually >5% of total capital tax liabilities)	—	—	—
99. Subtotal	\$ —	\$ —	\$ —
c. Deferred tax liabilities (3a99+3b99)	\$ 12,182	\$ 7,185	\$ 4,997
Net Deferred Tax Assets (2i – 3c)	\$ —	\$ —	\$ —

4. The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the change in nonadmitted assets is reported separately from the change in net deferred income taxes in the capital and surplus section of the Statement of Revenue and Expenses):

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

	1	2	3
	2021	2020	(Col 1-2) Change
Total deferred tax assets	\$ 1,819,179	\$ 1,385,223	\$ 433,956
Total deferred tax liabilities	(12,182)	(7,185)	(4,997)
Net deferred tax asset/liabilities	1,806,997	1,378,038	428,959
Statutory valuation allowance adjustment	(1,806,997)	—	(1,806,997)
Net deferred tax assets/liabiities after SVA	—	1,378,038	(1,378,038)
Tax effect of unrealized gains (losses)	—	—	—
Statutory valuation allowance ajdustment allocated to unrealized	—	—	—
Other intraperiod allocation of deferred tax movement	—	—	—
Change in net deferred income tax	\$ —	\$ —	\$ (1,378,038)

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following:

	Amount	Effective Tax Rate (%)
Provision computed at statutory rate	\$ (1,384,040)	21.0 %
Change in non admitted assets	\$ (306,936)	4.7 %
Change in statutory valuation allowance adjustment	\$ 1,806,997	(27.4)%
Nondeductible penalties and finees	\$ 400	— %
Meals and entertainment	\$ 662	— %
Other, net	\$ (634)	— %
Stock Options	\$ 3,030	(0.1)%
Provision to filed adjustment	\$ —	— %
Totals	\$ 119,479	(1.8)%
Federal and foreign income taxes incurred	\$ (1,258,559)	19.1 %
Change in net deferred income taxes	\$ 1,378,038	(20.9)%
Total statutory income taxes	\$ 119,479	(1.8)%

E. Operating Loss Carry Forwards and Income Taxes Available for Recoupment

1. At December 31, 2021 and 2020, the Company has utilized all of its net operating or capital loss carry forwards.
2. Capital income taxes available for recoupment in the event of future losses include:

Year	Amounts
2019	\$ 12
2020	\$ —
2021	\$ —
3. The Company's aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code
Not applicable

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

F.

Consolidated Federal Income Tax Return

1. The Company's federal income tax return is consolidated with Cigna and the following entities:

Accredo Health Group, Inc.	Cigna Healthcare of Florida Inc	Express Scripts Senior Care Holdings, Inc.
Accredo Health, Inc.	Cigna Healthcare of Georgia Inc	Express Scripts Senior Care, Inc.
AHG of New York, Inc.	Cigna Healthcare of Illinois Inc	Express Scripts Services Company, Inc.
Allegiance Benefit Plan Management Inc	Cigna Healthcare of Indiana Inc	Express Scripts Specialty Distribution Services, Inc.
Allegiance Cobra Services Inc	Cigna Healthcare of Maine Inc	Express Scripts Strategic Development, Inc.
Allegiance Life & Health Insurance Co	Cigna Healthcare of Massachusetts Inc	Express Scripts Utilization Management, Inc.
Allegiance Re Inc	Cigna Healthcare of New Hampshire Inc	Express Scripts, Inc.
American Retirement Life Insurance Company	Cigna Healthcare of New Jersey Inc	Former Cigna Investments Inc
Arizona Healthplan Inc	Cigna Healthcare of North Carolina Inc	Freco, Inc.
Benefit Management Corp	Cigna Healthcare of Pennsylvania Inc	GreatWest Healthcare of Illinois Inc
BioPartners in Care, Inc.	Cigna Healthcare of South Carolina	Hazard Center Investment Co LLC
Bravo Health Mid-Atlantic, Inc.	Cigna Healthcare of St Louis Inc	Healthbridge Reimbursement & Product Support, Inc.
Bravo Health Pennsylvania, Inc.	Cigna Healthcare of Tennessee Inc	Healthbridge, Inc.
Breakthrough Behavioral, Inc.	Cigna Healthcare of Texas Inc	Healthsource Benefits Inc
Brighter, Inc.	Cigna Healthcare of Utah Inc	Healthsource Inc
Care Continuum, Inc.	Cigna Holding Company	Healthsource Properties Inc
CareAllies, Inc.	Cigna Holdings Inc	Healthspring Life & Health Insurance Company
CG Individual Tax Benefit Payments Inc	Cigna Holdings Overseas Inc	Healthspring of Florida, Inc.
CG Life Pension Benefit Payments Inc	Cigna Integrated Care Inc	Healthspring, Inc.
CG LINA Pension Benefit Payments Inc	Cigna Intellectual Property Inc	IHN Inc.
Chiro Alliance Corporation	Cigna International Corporation	Intermountain Underwriters Inc
Cigna Arbor Life Insurance Company	Cigna International Finance Inc	Kronos Optimal Health Company
Cigna Benefit Technology Solutions, Inc.	Cigna International Services Inc	Loyal American Life Insurance Company
Cigna Benefits Financing, Inc.	Cigna Investment Group Inc	Lynnfield Compounding Center, Inc.
Cigna Dental Health Inc	Cigna Investments Inc	Lynnfield Drug, Inc.
Cigna Dental Health of California Inc	Cigna Linden Holdings Inc	MAH Pharmacy, LLC
Cigna Dental Health of Colorado Inc	Cigna Managed Care Benefits Company	Malta Merger Sub, Inc.
Cigna Dental Health of Delaware Inc	Cigna National Health Insurance Company	Managed Care Consultants Inc
Cigna Dental Health of Florida Inc	Cigna Poplar Holdings Inc	Matrix Healthcare Services, Inc.
Cigna Dental Health of Illinois Inc	Cigna RE Corporation	MCC Independent Practice Assoc of New York Inc
Cigna Dental Health of Kansas Inc	Cigna Resource Manager Inc	MDLive, Inc.
Cigna Dental Health of Kentucky Inc	Cigna Worldwide Insurance Company	Medco Containment Insurance Company of New York
Cigna Dental Health of Maryland Inc	Connecticut General Benefit Payments Inc.	Medco Containment Life Insurance Company
Cigna Dental Health of Missouri Inc	Connecticut General Corporation	Medco Health Information Network Partners, Inc.
Cigna Dental Health of New Jersey Inc	Connecticut General Life Insurance Company	Medco Health Puerto Rico, LLC
Cigna Dental Health of North Carolina Inc	Curascript, Inc.	Medco Health Services, Inc.
Cigna Dental Health of Ohio Inc	Diversified NY IPA, Inc.	Medco Health Solutions, Inc.
Cigna Dental Health of Pennsylvania Inc	Diversified Pharmaceutical Services, Inc.	Mediversal Inc
Cigna Dental Health of Texas Inc	ESI GP Holdings, Inc.	Medsolutions Holdings, Inc.
Cigna Dental Health of Virginia Inc	ESI Mail Order Processing, Inc.	MSI Health Organization of Texas
Cigna Dental Healthplan of Arizona Inc	ESI Mail Pharmacy Service, Inc.	Olympic Health Management Services Inc
Cigna Direct Marketing Company Inc.	Evernorth Behavioral Health of California, Inc.	Olympic Health Management Systems Inc
Cigna Federal Benefits Inc	Evernorth Behavioral Health of Texas, Inc.	Priority Healthcare Corporation
Cigna Global Holdings Inc	Evernorth Behavioral Health, Inc.	Priority Healthcare Distribution, Inc.
Cigna Global Insurance Company Limited	Evernorth Care Solutions, Inc.	Provident American Life and Health Insurance Company
Cigna Global Reinsurance Company LTD	Evernorth Enterprise Services, Inc.	QUALCARE ALLIANCE NETWORKS, INC.
Cigna Health and Life Insurance Company	Evernorth Health, Inc.	QUALCARE, INC.
Cigna Health Corporation	Evernorth Sales Operations, Inc.	Sagamore Health Network Inc
Cigna Health Management Inc	Evernorth Strategic Development, Inc.	SCIBAL ASSOCIATES, INC.
Cigna Healthcare Benefits Inc	eviCore 1, LLC	Spectracare Health Care Ventures, Inc.
Cigna Healthcare Holdings Inc	Express Reinsurance Company	SpectraCare, Inc.
Cigna Healthcare Inc	Express Scripts Administrators, LLC	Sterling Life Insurance Company
Cigna Healthcare Mid-Atlantic Inc	Express Scripts Canada Holding Company	Tel-Drug Inc
Cigna Healthcare of Arizona Inc	Express Scripts Health Information Network Partners, Inc.	United Benefit Life Insurance Company
Cigna Healthcare of California Inc	Express Scripts Pharmaceutical Procurement, LLC	Universal Claims Administration
Cigna Healthcare of Colorado Inc	Express Scripts Pharmacy, Inc.	Verity Solutions Group, Inc.
Cigna Healthcare of Connecticut Inc	Express Scripts Sales Operations, Inc.	

2. The manner in which the Board of Directors sets forth for allocating the consolidated federal income tax: The Company is party to Cigna's Consolidated Federal Income Tax Agreement (the Agreement), which sets forth the method of allocation of Cigna's federal income taxes to its wholly-owned domestic subsidiaries subject to The Agreement. The Agreement provides for immediate reimbursement to companies with net operating losses to the extent that their losses are utilized to reduce consolidated taxable income; while those companies with current taxable income as calculated under federal separate return provisions, are liable for payments determined as if they had each filed a separate return. However, current credit is given for any foreign tax credit, operating loss, or investment tax credit carryovers actually utilized in the current consolidated return.

G.

Federal or Foreign Federal Income Tax Loss Contingencies:

- (1) The statute of limitations for Cigna’s consolidated income tax returns through 2016 have closed. Cigna has filed amended consolidated returns for various years and the pending refunds are subjected to Internal Revenue Service (IRS) review. Cigna is currently under examination for 2015 through 2018. No material impacts are anticipated for the Company.
- (2) In management's opinion, the Company has adequate tax liabilities to address potential exposures involving tax positions the Company has taken that may be challenged by the IRS upon audit. These liabilities could be revised in the near term if estimates of the Company's ultimate liability change as a result of new developments or change in circumstances. No material contingent tax liability is included in the Company's current federal income tax payable. The Company does not expect a significant increase in federal contingent tax liability within the next twelve months.

H.

Repatriation Transition (RTT)

Not Applicable

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

I. Alternative Minimum Tax (AMT) credit

Not Applicable

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. - C. Nature of the Relationship Involved
- On February 19, 2013, the Company entered into a line of credit agreement with Cigna Holdings, Inc. ("CHI") under which CNHIC can borrow up to \$10,000,000 from CHI. The agreement provides for two rate/maturity options; a) a variable rate payable on demand or b) a fixed rate with a stated maturity not to exceed 270 days. The Company had \$1,250,000 outstanding at December 31, 2021.
- On February 19, 2013, the Company also entered into a line of credit agreement with Cigna Corporation ("Cigna") under which Cigna can borrow up to \$10,000,000 from CNHIC. Borrowing terms under this agreement are identical to the terms under the CNHIC/CHI agreement discussed above. Cigna did not borrow under this agreement in 2021.
- D. Amounts Due From or To Related Parties
- At December 31, 2021, the Company reported \$7,741 as amounts due from affiliated companies and \$1,024,247 due to affiliated companies. The terms of the agreements require that these amounts be settled within 90 days.
- E. Guarantees or Undertakings
- Not Applicable
- F. Material Management or Service Contracts and Cost-Sharing Arrangements
- (1) The Company and certain related parties have entered into service contracts and cost-sharing arrangements, including an expense sharing agreement in which the parties share expenses for certain shared services. These arrangements include management services, computers, data processing and other services, as well as equipment, supplies and office space. Expense incurred under these arrangements were \$6,634,109 and \$1,212,444 in 2021 and 2020, respectively.
 - (2) The Company's investment portfolio is managed by Cigna Investments, Inc. ("CII"). The company paid CII \$6,635 and \$4,771 in 2021 and 2020, related to those services.
 - (3) The Company entered into an agreement with Cigna Health Management ("CHM"), effective June 5, 2015 whereby CHM will provide consultative services with respect to demand management in conjunction with the administration of health benefit plans and health insurance policies; specifically CHM provides a 24-hour health information telephone line in which nurses answer questions, explain medical options and suggest resources. The Company paid CHM \$3,410 and \$177 in 2021 and 2020, related to these services.
 - (4) Salaried officers and other key employees of the Company are eligible to be awarded shares of Cigna Common Stock in the form of stock options, restricted stock grants, dividend equivalent rights and grants of Cigna Common Stock in lieu of cash payable under various plans. Costs allocated to the Company for awards was \$6,175 and \$1,874 in 2021 and 2020, respectively.
- G. Nature of the Control Relationship
- All of the Company's outstanding common stock is directly owned by Cigna Health and Life Insurance Company, a Connecticut domiciled insurance company, whose ultimate parent is Cigna Corporation ("Cigna"), a Delaware domiciled insurance holding company.
- H. - O. Not applicable.

Note 11 – Debt

Not applicable.

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. - F. Not applicable.
- G. Consolidated/Holding Company Plans
- (1) Employees' Retirement Plan:
 - (a) Effective January 1, 2013, the Company participates in the Cigna 401(k) Plan (the Savings Plan) that is sponsored by Cigna. Employees are eligible to participate in the Savings Plan immediately upon hire; however, a one-year service requirement must be met to receive company contributions. Expense allocated to the Company was \$112,836 in 2021.
 - (2) Deferred Compensation Plans:

Not applicable.
 - (3) Post Retirement Benefits

Not applicable.
- H. Postemployment Benefits and Compensated Absences
- Not applicable.
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)
- (1) Recognition of the Existence of the Act

In December 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 ("the Act") became law. Under the Act, starting in 2006, retirees will have the ability to obtain prescription drug benefits through a new Medicare Part D program and companies that continue to provide postretirement prescription drug benefits to their retirees may be eligible to receive a new federal subsidy.
 - (2) Effects of the Subsidy in Measuring the Net Postretirement Benefit Cost

The Medicare Modernization Act had no impact on the Company's postretirement benefits.
 - (3) Disclosure of Gross Benefit Payments

Not Applicable.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

Note 13 – Capital and Surplus, Shareholder’s Dividend Restrictions and Quasi-Reorganizations

- (1)

Number of Share and Par or State Value of Each Class

The Company has 3,000,000 shares authorized and 1,250,000 shares issued and outstanding. All shares are class A shares, par value \$2.00 per share.
- (2)

Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues

Not applicable
- (3)

Dividend Restrictions

The maximum amount of dividends that can be paid to stockholders by life insurance companies domiciled in the State of Ohio without prior approval of the Insurance Commissioner is the greater of 10% of surplus as regards to policyholders or net income as of the preceding December 31, but only to the extent of earned surplus as of the preceding December 31.
- (4)

Dates and Amounts of Dividends Paid

Not applicable.
- (5)

Profits that may be Paid as Ordinary Dividends to Stockholders

The amount available to dividend in 2021 without prior approval of the Ohio Department of Insurance is \$0 based on earned surplus.
- (6) - (9)

Not applicable.
- (10)

The Portion of Unassigned Funds (Surplus) Represented or Reduced by Unrealized Gains and Losses is: \$(4,878,909).
- (11) - (13)

Not applicable.

Note 14 – Liabilities, Contingencies and Assessments

- A.

Not applicable.
- B.

Assessments

(1)

Assessments Where Amount is Known or Unknown

The Company operates in a regulatory environment that may result in it being assessed by various state insurance guaranty funds to help pay for the cost of other insurance company insolvencies. These assessments are generally recoverable in most states over a 3 to 10 year period through reduction in future premium tax liabilities. The Company periodically adjusts its accrual for future assessments utilizing information provided by the National Organization of Life and Health Insurance Guaranty Associations. At December 31, 2021, the Company held a liability for future assessments of \$60,770. The Company also holds an asset for premium tax offsets related to guaranty fund assessments paid or accrued.

(2)

Assessments

Assets recognized from paid and accrued tax offsets for the year ended December 31, 2020, are as follows:

a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end		\$	92,198
b. Decreases current year:			
Premium tax offsets applied			11,797
c. Increases current year:			
Premium tax offsets accrued			(9,494)
Allowance for unrealizability			—
d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end		\$	70,907

(3)

Guaranty Fund Liabilities and Assets Related to Assessments from Insolvencies for Long-Term Care Contracts

On March 1, 2017, the Commonwealth Court of Pennsylvania entered an order of liquidation of Penn Treaty Network America Insurance Company, together with its subsidiary American Network Insurance Company (collectively "Penn Treaty", a long-term care insurance carrier), triggering guaranty fund coverage and accrual of a liability. For the year ended December 31, 2021, the Company recorded a credit of \$26,740 in taxes licenses and fees, including assessments paid and its estimate of future assessments net of future premium tax offsets on a discounted basis. This assessment is expected to be updated in future periods for changes in the estimate of the insolvency.

Assessments billed or expected to be billed within one year of the insolvency are recorded at amounts billed or expected to be billed. A liability for future assessments (expected to be due after one year) and, assets related to billed and unbilled assessments have been recorded on a discounted basis.

a.

Discount Rate Applied

3.5%

b.

The undiscounted and discounted amount of the guaranty fund assessments and related assets by insolvency:

Name of the Insolvency	Guaranty Fund Assessment		Related Assets	
	Undiscounted	Discounted	Undiscounted	Discounted
Penn Treaty Network America Insurance Company and American Network Insurance Company	\$ 9,962	\$ 5,568	\$ 78,830	\$ 69,078

c.

Number of jurisdictions, ranges of years used to discount and weighted average number of years of the discounting time period for payables and recoverables by insolvency:

Name of the Insolvency	Payables			Recoverables		
	Number of Jurisdictions	Range of Years	Weighted Average Number of Years	Number of Jurisdictions	Range of Years	Weighted Average Number of Years
Penn Treaty Network America Insurance Company and American Network Insurance Company	9	2-45	14	22	2-50	7

C. - E.

Not applicable.
- 19.9

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

F.

All Other Contingencies

Other Legal Matters

In the normal course of its business operations, the Company is involved in litigation and other regulatory matters from time to time with claimants, beneficiaries, and other parties. When the Company, in the normal course of its regular review of such matters has determined that a material loss is reasonably possible, the matter is disclosed. In accordance with Statutory Accounting Principles, when litigation or other regulatory matters result in loss contingencies that are both probable and estimable, the Company accrues the estimated loss by a charge to operations. The amount accrued represents management's best estimate of the probable loss at the time. If only a range of estimated losses can be determined, the Company accrues an amount within the range that, in management's judgment, reflects the most likely outcome. If none of the estimates within the range is a better estimate than any other amount, the Company accrues the mid-point of the range.

Management does not believe that litigation or other matters currently pending against the Company would have a material adverse effect on the Company's results of operations, financial condition or liquidity based on its current knowledge of those matters.

Note 15 – Leases

Not applicable.

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not applicable.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable.

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable.

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

Note 20 – Fair Value Measurements

A.

Fair Value Measurements

Fair value is defined as the price at which an asset could be exchanged in an orderly transaction between market participants at the balance sheet date. The Company's financial assets have been classified based upon a hierarchy defined by SAP. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a financial asset or liability carried at fair value would be classified in Level 3 if unobservable inputs were significant to the instrument's fair value, even though the measurement may be derived using inputs that are both observable (Levels 1 and 2) and unobservable (Level 3).

Level 1	Inputs for instruments classified in Level 1 include unadjusted quoted prices for identical assets in active markets accessible at the measurement date. Active markets provide pricing data for trades occurring at least weekly and include exchanges and dealer markets.
Level 2	Inputs for instruments classified in Level 2 include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are market observable or can be corroborated by market data for the term of the instrument. Such other inputs include market interest rates and volatilities, spreads and yield curves. An instrument is classified in Level 2 if the Company determines that unobservable inputs are insignificant. Level 2 assets primarily include corporate bonds valued using recent trades of similar securities or pricing models that discount future cash flows at estimated market interest rates.
Level 3	Certain inputs for instruments classified in Level 3 are unobservable (supported by little or no market activity) and significant to their resulting fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

SSAP 100 allows the use of net asset value (NAV) as a practical expedient to fair value for investments in investment companies where there is no readily determinable fair value. There were no such investments owned by the Company for either period presented.

- (1) Fair Value Measurements at Reporting Date
None.
- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy
None.
- (3) Policies when Transfers Between Levels are Recognized
None.
- (4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement
No financial instruments at fair value
- (5) Fair Value Disclosures
None.

B.

Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

The Company provides additional fair value information in Notes 1 and 5.

C.

Fair Value Level

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

The following tables provide the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of December 31, 2021 and 2020.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Practicable (Carrying Value)
December 31, 2021							
Bonds	\$ 4,432,719	\$ 4,465,361	\$ 4,432,719	\$ —	\$ —	\$ —	\$ —
Cash, Cash Equavelents, and Short-term Investments	\$ (281,614)	\$ (281,614)	\$ (281,709)	\$ 95	\$ —	\$ —	\$ —
December 31, 2020							
Bonds	\$ 4,542,566	\$ 4,457,780	\$ 4,542,566	\$ —	\$ —	\$ —	\$ —
Cash, Cash Equivalents, and Short-Term Investments	\$ 3,267,573	\$ 3,267,573	\$ 403,136	\$ 2,864,437	\$ —	\$ —	\$ —

The following valuation methodologies and significant assumptions are used by the Company to determine fair value for each instrument.

Bonds

The Company estimates fair values using prices from third parties or internal pricing methods. Fair value estimates received from third-party pricing services are based on reported trade activity and quoted market prices when available, and other market information that a market participant may use to estimate fair value. Such other inputs include market interest rates and volatilities, spreads, and yield curves. The internal pricing methods are performed by the Company's investment professionals and generally involve using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality, as well as other qualitative factors. In instances where there is little or no market activity for the same or similar instruments, the fair value is estimated using methods, models, and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price.

Short-Term Investments, Cash Equivalents, and Cash

Short-term investments, cash equivalents, and cash are carried at cost which approximates fair value. Short-term investments and cash equivalents are classified in Level 2 and cash is classified in Level 1.

D. Not Practicable to Estimate Fair Value

None.

E. NAV Practical Expedient Investments
None.

Note 21 – Other Items

A. - B. Not applicable.

C. Other Disclosures
Assets in the amount of \$4,460,360 and \$4,452,773 at December 31, 2021 and 2020, respectively, were on deposit with government authorities or trustees as required by law or in accordance with the terms of various reinsurance agreements.

D. - I. Not applicable.

Note 22 – Events Subsequent

Management has evaluated the financial statements for subsequent events through February 28, 2022, the date financial statements were available to be issued.

On February 11, 2022, the Company received a \$3.0M capital contribution from CHLIC of which \$1.3M was used to repay amounts owed CHI under the intercompany line of credit agreement. See note 10.

Note 23 – Reinsurance

A. Ceded Reinsurance Report

Section1 – General Interrogatories

- (1)

Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes [☐] No [☒]
If yes, give full details.
- (2)

Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? Yes [☐] No [☒]
If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

- (1)

Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes [☐] No [☒]

a.

If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$

b.

What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$
- (2)

Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes [☐] No [☒]
If yes, give full details.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? Yes [] No [X]
If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$

- B. Uncollectible Reinsurance
No reinsurance recoverables were written off.
- C. - G Not applicable.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

- A. Change in Incurred Losses and Loss Adjustment Expenses
Reserves as of December 31, 2020 were \$305,888. As of December 31, 2021, \$250,794 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$3,975 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Medicare Supplement. Therefore, there has been a \$51,119 favorable prior year development since December 31, 2020 to December 31, 2021. The change is generally the result of ongoing analysis of recent loss development trends.
- B. Information about Significant Changes in Methodologies and Assumptions
Original estimates are increased or decreased as additional information becomes known regarding individual claims.

Note 26 – Intercompany Pooling Arrangements

Not applicable.

Note 27 – Structured Settlements

Not applicable.

Note 28 – Health Care Receivables

Not applicable.

Note 29 – Participating Policies

- a. Participating policies represent approximately 0.4% of the total life insurance inforce at December 31, 2021. Most of the Company's life business in force is ceded under a 100% coinsurance agreement.
- b. Policyholder dividends are recognized on the policy's anniversary.
- c. Dividends to policyholders in 2021 were \$1,143, all of which was ceded to another company.
- d. No additional income was allocated to participating policyholders.

Note 30 – Premium Deficiency Reserves

Not applicable.

Note 31 – Reserves for Life Contracts and Annuity Contracts

- (1) Reserve Practices
The Company waives deduction of deferred fractional premiums upon death of insured and returns any portion of the final premium beyond the date of death. Surrender values are not promised in excess of the legally computed reserves.
- (2) Valuation of Substandard Policies
Extra premiums are charged for substandard lives. Reserves are based on a combination of mean reserves for substandard lives and the gross premiums charged for such.
- (3) Amount of Insurance Where Gross Premiums are Less than the Net Premiums
As of December 31, 2021, the Company had \$1,468,833 of insurance in force, all of which is 100% ceded, for which the gross premiums are less than the net premiums according to the standard valuation set by the State of Ohio. Reserves to cover the above insurance totaled \$21,933 at year-end and are reported in Exhibit 5, Miscellaneous Reserves section.
- (4) Method Used to Determine Tabular Interest, Reserves Released, and Cost
Methods used to determine tabular interest, reserves released in tabular cost is not applicable.
- (5) Method of Determination of Tabular Interest on Funds not Involving Life Contingencies
As of December 31, 2021, for the determination of tabular interest rate on funds falling under the category of not involving life contingencies, for each variation rate of interest, the tabular interest equals the actual interest credited on each contract during the year. The total amount of such interest is entered under Exhibit 7, line 3.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

(6) Details for Other Changes

The change in column 4 of \$1 and the change column 5 of \$500 are due to balancing items.

Note 32 – Analysis of Annuity Actuarial Reserves and Deposit Type Liabilities by Withdrawal Characteristics

Withdrawal Characteristics of Annuity Actuarial Reserves and Deposit-Type contract Funds and Other Liabilities Without Life or Disability Contingencies

A. INDIVIDUAL ANNUITIES:	General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
1. Subject to Discretionary Withdrawal:					
(a) With market value adjustment	\$ —	\$ —	\$ —	\$ —	— %
(b) At book value less current surrender charge of 5% or more	—	—	—	—	— %
(c) At fair value	—	—	—	—	— %
(d) Total with market value adjustment or at fair value (total of a through c)	\$ —	\$ —	\$ —	\$ —	— %
(e) At book value without adjustment (minimal or no charge or adjustment)	7,250,758	—	—	7,250,758	98 %
2. Not subject to discretionary withdrawal	169,726	—	—	169,726	2 %
3. Total (gross: direct + assumed)	7,420,484	—	—	7,420,484	100 %
4. Reinsurance ceded	7,420,484	—	—	7,420,484	
5. Total (net)* (3) - (4)	\$ —	\$ —	\$ —	\$ —	
6. Amount included in A(1)b above that will move to A(1)e in the year after the statement date	\$ —	\$ —	\$ —	\$ —	

B. GROUP ANNUITIES:	General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
1. Subject to Discretionary Withdrawal:					
(a) With market value adjustment	\$ —	\$ —	\$ —	\$ —	— %
(b) At book value less current surrender charge of 5% or more	—	—	—	—	— %
(c) At fair value	—	—	—	—	— %
(d) Total with market value adjustment or at fair value (total of a through c)	\$ —	\$ —	\$ —	\$ —	— %
(e) At book value without adjustment (minimal or no charge or adjustment)	—	—	—	—	— %
2. Not subject to discretionary withdrawal	—	—	—	—	— %
3. Total (gross: direct + assumed)	—	—	—	—	— %
4. Reinsurance ceded	—	—	—	—	
5. Total (net)* (3) - (4)	\$ —	\$ —	\$ —	\$ —	
6. Amount included in A(1)b above that will move to A(1)e in the year after the statement date	\$ —	\$ —	\$ —	\$ —	

C. DEPOSIT-TYPE CONTRACTS (no life contingencies)	General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
1. Subject to Discretionary Withdrawal:					
(a) With market value adjustment	\$ —	\$ —	\$ —	\$ —	— %
(b) At book value less current surrender charge of 5% or more	—	—	—	—	— %
(c) At fair value	—	—	—	—	— %
(d) Total with market value adjustment or at fair value (total of a through c)	\$ —	\$ —	\$ —	\$ —	— %
(e) At book value without adjustment (minimal or no charge or adjustment)	—	—	—	—	— %
2. Not subject to discretionary withdrawal	—	—	—	—	— %
3. Total (gross: direct + assumed)	—	—	—	—	— %
4. Reinsurance ceded	—	—	—	—	
5. Total (net)* (3) - (4)	\$ —	\$ —	\$ —	\$ —	
6. Amount included in A(1)b above that will move to A(1)e in the year after the statement date	\$ —	\$ —	\$ —	\$ —	

D. Life and Accident & Health Annual Statement:

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

(1) Exhibit 5, Annuities section, Total (net)	\$ —
(2) Exhibit 5, Supplementary contracts with life contingencies section, Total (net)	—
(3) Exhibit 7, Deposit-type contracts, Line 14, Column 1	—
(4) Subtotal	\$ —
Separate Accounts Statement:	
(5) Exhibit 3, Line 0299999, Column 2	\$ —
(6) Exhibit 3, Line 0399999, Column 2	—
(7) Policyholder dividend and coupon accumulations	—
(8) Policyholder premiums	—
(9) Guaranteed interest contracts	—
(10) Other contract deposit funds	—
(11) Subtotal	\$ —
(12) Combined Total	\$ —

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

Notes to the Financial Statements

Note 33 – Analysis of Life Actuarial Reserves by Withdrawal Characteristics

A. Subject to discretionary withdrawal, surrender values, or policy loans:

	Account Value	General Account Cash Value	Reserve	Separate Account-Account Value	Guaranteed and Cash Value	Nonguaranteed Reserve
(1) Term Policies with Cash Value	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
(2) Universal Life	—	—	—	—	—	—
(3) Universal Life with Secondary Guarantees	—	—	—	—	—	—
	—	—	—	—	—	—
(4) Indexed Universal Life	—	—	—	—	—	—
(5) Indexed Universal Life with Secondary Guarantees	—	—	—	—	—	—
(6) Indexed Life	—	—	—	—	—	—
(7) Other Permanent Cash Value Life Insurance	2,046,017	2,046,017	2,097,570	—	—	—
(8) Variable Life	—	—	—	—	—	—
(9) Variable Universal Life	—	—	—	—	—	—
(10) Miscellaneous Reserves	—	—	—	—	—	—

B. Not subject to discretionary withdrawal or no cash values:

(1) Term Policies without Cash Value	XXX	XXX	\$ —	XXX	XXX	\$ —
(2) Accidental Death Benefits	XXX	XXX	124	XXX	XXX	—
(3) Disability – Active Lives	XXX	XXX	461	XXX	XXX	—
(4) Disability – Disabled Lives	XXX	XXX	23,105	XXX	XXX	—
(5) Miscellaneous Reserves	XXX	XXX	56,932	XXX	XXX	—

C. Total (gross: direct + assumed)	\$ 2,046,017	\$ 2,046,017	\$ 2,178,192	\$ —	\$ —	\$ —
D. Reinsurance Ceded	\$ 2,046,017	\$ 2,046,017	\$ 2,178,192	\$ —	\$ —	\$ —
E. Total (net) (C) (D)	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —

F.

	Amount
Life & Accident & Health Annual Statement:	
(1) Exhibit 5, Life Insurance Section, Total (net)	\$ —
(2) Exhibit 5, Accidental Death Benefits Section, Total (net)	—
(3) Exhibit 5, Disability – Active Lives Section, Total (net)	—
(4) Exhibit 5, Disability – Disabled Lives Section, Total (net)	—
(5) Exhibit 5, Miscellaneous Reserves Section, Total (net)	—
(6) Subtotal	\$ —
Separate Accounts Annual Statement	
(7) Exhibit 3, Line 0199999, Column 2	\$ —
(8) Exhibit 3, Line 0499999, Column 2	—
(9) Exhibit 3, Line 0599999, Column 2	—
(10) Subtotal (Lines (7) through (9))	\$ —
(11) Combined Total ((6) and (10))	\$ —

Note 34 – Premium and Annuity Considerations Deferred and Uncollected

Not applicable.

Note 35 – Separate Accounts

Not applicable.

Note 36 – Loss/Claim Adjustment Expenses

At December 31, 2021 and December 31, 2020, reserves for LAE totaled \$30,777 and \$7,047.

The Company incurred \$88,950 and paid \$65,220 of loss adjustment expenses in the current year of which \$4,526 of the paid amount was attributable to insured events of prior years.

The Company did not materially increase or decrease the provision for LAE related to insured events of the prior year.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes ☒ No ☐

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐

1.3

State Regulating?

OH

1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☒ No ☐

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0001739940

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2018

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2018

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/01/2020

3.4

By what department or departments?
Ohio Department of Insurance

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ N/A ☒

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business?
4.12 renewals?

Yes ☐ No ☒
Yes ☐ No ☒

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business?
4.22 renewals?

Yes ☐ No ☒
Yes ☐ No ☒

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes ☐ No ☒

5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒

6.2

If yes, give full information:
No

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒

7.2

If yes,
7.21 State the percentage of foreign control; %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity
.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

GENERAL INTERROGATORIES

8.1

Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?

Yes [] No [X]

8.2

If the response to 8.1 is yes, please identify the name of the DIHC.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

8.5

Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity?

Yes [] No [X]

8.6

If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?

Yes [] No [] N/A [X]

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

PriceWaterhouseCoopers LLP, 185 Asylum St. Ste 2400, Hartford, CT 06103-3404

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [] No [X] N/A []

10.6

If the response to 10.5 is no or n/a, please explain

The Audit Committee of Connecticut General Corporation serves as the Company's Audit Committee for the purpose of compliance with Ohio Insurance Law

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Mohammed Umar Gilani, FSA, MAAA, Appointed Actuary, 11200 Lakeline Blvd, Suite 100, Austin, TX 78717

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]

12.11

Name of real estate holding company

12.12

Number of parcels involved

12.13

Total book/adjusted carrying value

\$

12.2

If, yes provide explanation:

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No []

13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No []

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A []

14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No []

a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c.

Compliance with applicable governmental laws, rules and regulations;

d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e.

Accountability for adherence to the code.

14.11

If the response to 14.1 is No, please explain:

14.2

Has the code of ethics for senior managers been amended?

Yes [X] No []

14.21

If the response to 14.2 is yes, provide information related to amendment(s).

All employees of Cigna Corporation and its subsidiaries, including senior managers, are subject to the same code of ethics. The Cigna Code of Ethics was amended and approved by the Board in October 2021 and became effective in December 2021.

14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers\$

20.12 To stockholders not officers\$

20.13 Trustees, supreme or grand (Fraternal Only)\$
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers\$

20.22 To stockholders not officers\$

20.23 Trustees, supreme or grand (Fraternal Only)\$
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others\$

21.22 Borrowed from others\$

21.23 Leased from others\$

21.24 Other\$
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [X] No []
- 22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment\$

22.22 Amount paid as expenses\$36

22.23 Other amounts paid\$
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$3,467
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [X] No []

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

GENERAL INTERROGATORIES

25.02 If no, give full and complete information relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

25.08 Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$0

25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$0

25.093 Total payable for securities lending reported on the liability page. \$0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [X] No []

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements \$

26.22 Subject to reverse repurchase agreements \$

26.23 Subject to dollar repurchase agreements \$

26.24 Subject to reverse dollar repurchase agreements \$

26.25 Placed under option agreements \$

26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$

26.27 FHLB Capital Stock \$

26.28 On deposit with states \$4,460,360

26.29 On deposit with other regulatory bodies \$

26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$

26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$

26.32 Other \$

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No [X]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 Yes [] No []

27.42 Permitted accounting practice Yes [] No []

27.43 Other accounting guidance Yes [] No []

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

The reporting entity has obtained explicit approval from the domiciliary state.

Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.

Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.

Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

28.2 If yes, state the amount thereof at December 31 of the current year. \$

29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase Bank, N.A.	4 Chase Metro Tech Center Brooklyn, New York 11245

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

GENERAL INTERROGATORIES

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [] No [X]

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Cigna Investments, Inc.	A.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [] No [X]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [] No [X]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105811	Cigna Investments, Inc. ....	.....	SEC	DS.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	4,465,361	4,432,720	(32,641)
31.2 Preferred stocks	0		0
31.3 Totals	4,465,361	4,432,720	(32,641)

31.4 Describe the sources or methods utilized in determining the fair values:
Fair values are based on quoted market prices when available. When market prices are not available, fair value is generally estimated using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality. In instances where there is little or no market activity for the same or similar instruments, the Company estimates fair value using methods, models and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price. These valuation techniques involve some level of estimation and judgment by the Company which become significant with increasingly complex instruments or pricing models. Where appropriate, adjustments are included to reflect the risk inherent in a particular methodology, model or input used.

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

33.2 If no, list exceptions:
.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes [] No [X]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities? Yes [] No [X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

GENERAL INTERROGATORIES

OTHER

38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$

38.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....

39.1 Amount of payments for legal expenses, if any?\$

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$

40.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

Life, Accident and Health Companies/Fraternal Benefit Societies:

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [X] No []

1.2 If yes, indicate premium earned on U.S. business only\$14,483,933

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?\$

1.31 Reason for excluding:
.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.\$

1.5 Indicate total incurred claims on all Medicare Supplement insurance.\$10,521,573

1.6 Individual policies:

Most current three years:

1.61 Total premium earned\$12,119,989

1.62 Total incurred claims\$8,966,994

1.63 Number of covered lives12,819

All years prior to most current three years

1.64 Total premium earned\$2,363,945

1.65 Total incurred claims\$1,554,579

1.66 Number of covered lives484

1.7 Group policies:

Most current three years:

1.71 Total premium earned\$0

1.72 Total incurred claims\$0

1.73 Number of covered lives0

All years prior to most current three years

1.74 Total premium earned\$0

1.75 Total incurred claims\$0

1.76 Number of covered lives0

2. Health Test:

1Current Year

2Prior Year

2.1 Premium Numerator13,657,9642,786,340

2.2 Premium Denominator14,061,0272,984,848

2.3 Premium Ratio (2.1/2.2)0.9710.933

2.4 Reserve Numerator2,439,422687,700

2.5 Reserve Denominator2,543,107778,182

2.6 Reserve Ratio (2.4/2.5)0.9590.884

3.1 Does this reporting entity have Separate Accounts? Yes [] No [X]

3.2 If yes, has a Separate Accounts Statement been filed with this Department? Yes [] No [] N/A [X]

3.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?\$

3.4 State the authority under which Separate Accounts are maintained:
.....

3.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes [] No [X]

3.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes [] No [X]

3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"?\$

4. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

4.1 Amount of loss reserves established by these annuities during the current year:\$

4.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1	2
P&C Insurance Company And Location	Statement Value on Purchase Date of Annuities (i.e., Present Value)

GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

- 5.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 5.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$
- 5.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 5.4 If yes, please provide the balance of funds administered as of the reporting date. \$
- 6.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [X] N/A []
- 6.2 If the answer to 6.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

7. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 7.1 Direct Premium Written \$364,612
- 7.2 Total Incurred Claims \$536,543
- 7.3 Number of Covered Lives752

*Ordinary Life Insurance Includes
Term (whether full underwriting,limited underwriting,jet issue,"short form app")
Whole Life (whether full underwriting,limited underwriting,jet issue,"short form app")
Variable Life (with or without secondary gurantee)
Universal Life (with or without secondary gurantee)
Variable Universal Life (with or without secondary gurantee)

8. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []
- 8.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

Life, Accident and Health Companies Only:

- 9.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? Yes [X] No []
- 9.2 Net reimbursement of such expenses between reporting entities:
- 9.21 Paid \$6,634,109
- 9.22 Received \$
- 10.1 Does the reporting entity write any guaranteed interest contracts? Yes [] No [X]
- 10.2 If yes, what amount pertaining to these lines is included in:
- 10.21 Page 3, Line 1 \$
- 10.22 Page 4, Line 1 \$
11. For stock reporting entities only:
- 11.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: \$19,862,110
12. Total dividends paid stockholders since organization of the reporting entity:
- 12.11 Cash \$47,613,250
- 12.12 Stock \$12,500,000
- 13.1 Does the reporting entity reinsure any Workers' Compensation Carve-Out business defined as: Yes [] No [X]
Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.
- 13.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement? Yes [] No []
- 13.3 If 13.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

	1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
13.31 Earned premium			0
13.32 Paid claims			0
13.33 Claim liability and reserve (beginning of year)			0
13.34 Claim liability and reserve (end of year)			0
13.35 Incurred claims .....0	0	0	0

GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

13.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 13.31 and 13.34 for Column (1) are:

	Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
13.41	<\$25,000	.....	.....
13.42	\$25,000 - 99,999	.....	.....
13.43	\$100,000 - 249,999	.....	.....
13.44	\$250,000 - 999,999	.....	.....
13.45	\$1,000,000 or more	.....	.....

13.5 What portion of earned premium reported in 13.31, Column 1 was assumed from pools?\$

Fraternal Benefit Societies Only:

14. Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government? Yes [] No []

15. How often are meetings of the subordinate branches required to be held?
.....

16. How are the subordinate branches represented in the supreme or governing body?
.....

17. What is the basis of representation in the governing body?
.....

18.1 How often are regular meetings of the governing body held?
.....

18.2 When was the last regular meeting of the governing body held?

18.3 When and where will the next regular or special meeting of the governing body be held?
.....

18.4 How many members of the governing body attended the last regular meeting?

18.5 How many of the same were delegates of the subordinate branches?

19. How are the expenses of the governing body defrayed?
.....

20. When and by whom are the officers and directors elected?
.....

21. What are the qualifications for membership?
.....

22. What are the limiting ages for admission?
.....

23. What is the minimum and maximum insurance that may be issued on any one life?
.....

24. Is a medical examination required before issuing a benefit certificate to applicants? Yes [] No []

25. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? Yes [] No []

26.1 Are notices of the payments required sent to the members? Yes [] No [] N/A []

26.2 If yes, do the notices state the purpose for which the money is to be used? Yes [] No []

27. What proportion of first and subsequent year's payments may be used for management expenses?
27.11 First Year %
27.12 Subsequent Years %

28.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses? Yes [] No []

28.2 If so, what amount and for what purpose?\$

29.1 Does the reporting entity pay an old age disability benefit? Yes [] No []

29.2 If yes, at what age does the benefit commence?

30.1 Has the constitution or have the laws of the reporting entity been amended during the year? Yes [] No []

30.2 If yes, when?
.....

31. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time? Yes [] No []

32.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements? Yes [] No []

32.2 If so, was an additional reserve included in Exhibit 5? Yes [] No [] N/A []

32.3 If yes, explain
.....

33.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? Yes [] No []

33.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? Yes [] No [] N/A []

34. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement? Yes [] No []

35.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? Yes [] No []

35.2 If yes, what is the date of the original lien and the total outstanding balance of liens that remain in surplus?

Date	Outstanding Lien Amount
.....

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.
\$000 omitted for amounts of life insurance

	1 2021	2 2020	3 2019	4 2018	5 2017
Life Insurance in Force (Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Col. 4)	5,694	6,246	6,673	7,103	7,493
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4)	20,169	21,079	22,243	23,910	24,761
3. Credit life (Line 21, Col. 6)	0	0			
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4)	0	0			
5. Industrial (Line 21, Col. 2)	0	0			
6. FEGLI/SGLI (Lines 43 & 44, Col. 4)	0	0			
7. Total (Line 21, Col. 10)	25,863	27,325	28,916	31,013	32,254
7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated					
New Business Issued (Exhibit of Life Insurance)					
8. Ordinary - whole life and endowment (Line 34, Col. 2)					
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2)	0	0			
10. Credit life (Line 2, Col. 6)	0	0			
11. Group (Line 2, Col. 9)	0	0			
12. Industrial (Line 2, Col. 2)	0	0			
13. Total (Line 2, Col. 10)	0	0	0	0	0
Premium Income - Lines of Business (Exhibit 1 - Part 1)					
14. Industrial life (Line 20.4, Col. 2)	0	0			
15.1 Ordinary-life insurance (Line 20.4, Col. 3)	0	0			
15.2 Ordinary-individual annuities (Line 20.4, Col. 4)	0	0			
16. Credit life (group and individual) (Line 20.4, Col. 5)	0	0			
17.1 Group life insurance (Line 20.4, Col. 6)	0	0			
17.2 Group annuities (Line 20.4, Col. 7)	0	0			
18.1 A & H-group (Line 20.4, Col. 8)	12,852	12,386	12,637	16,920	31,617
18.2 A & H-credit (group and individual) (Line 20.4, Col. 9)	0	0			
18.3 A & H-other (Line 20.4, Col. 10)	14,048,176	2,972,462	2,398,225	2,804,141	3,307,661
19. Aggregate of all other lines of business (Line 20.4, Col. 11)	0	0			
20. Total	14,061,028	2,984,848	2,410,862	2,821,061	3,339,278
Balance Sheet (Pages 2 & 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)	15,062,291	17,100,958	15,462,022	15,282,370	13,262,246
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26)	6,084,816	2,242,962	857,599	795,039	1,049,072
23. Aggregate life reserves (Page 3, Line 1)		0			
23.1 Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1					
24. Aggregate A & H reserves (Page 3, Line 2)	838,886	473,671	312,756	388,740	453,066
25. Deposit-type contract funds (Page 3, Line 3)		0			
26. Asset valuation reserve (Page 3, Line 24.01)	0	6,122	5,075	4,500	8,998
27. Capital (Page 3, Lines 29 and 30)	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
28. Surplus (Page 3, Line 37)	6,477,475	12,357,997	12,104,423	11,987,331	9,713,174
Cash Flow (Page 5)					
29. Net Cash from Operations (Line 11)	(3,370,614)	1,186,637	2,122,151	435,573	12,964,992
Risk-Based Capital Analysis					
30. Total adjusted capital	8,977,475	14,868,287	14,612,438	14,494,010	12,227,351
31. Authorized control level risk - based capital	734,280	375,178	409,036	434,382	484,555
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1)	31.0	26.2	30.1	34.0	43.4
33. Stocks (Lines 2.1 and 2.2)	70.9	54.6	52.3	55.9	52.3
34. Mortgage loans on real estate(Lines 3.1 and 3.2)	0.0	0.0			
35. Real estate (Lines 4.1, 4.2 and 4.3)	0.0	0.0			
36. Cash, cash equivalents and short-term investments (Line 5)	(2.0)	19.2	17.6	10.1	4.3
37. Contract loans (Line 6)	0.0	0.0			
38. Derivatives (Page 2, Line 7)	0.0	0.0			
39. Other invested assets (Line 8)	0.0	0.0			
40. Receivables for securities (Line 9)	0.0	0.0			
41. Securities lending reinvested collateral assets (Line 10)	0.0	0.0			
42. Aggregate write-ins for invested assets (Line 11)	0.0	0.0			
43. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2021	2 2020	3 2019	4 2018	5 2017
Investments in Parent, Subsidiaries and Affiliates					
44. Affiliated bonds (Schedule D Summary, Line 12, Col. 1)					
45. Affiliated preferred stocks (Schedule D Summary, Line 18, Col. 1)	0	0			
46. Affiliated common stocks (Schedule D Summary Line 24, Col. 1),	10,202,161	9,283,439	7,750,181	8,159,910	6,544,316
47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0			
48. Affiliated mortgage loans on real estate					
49. All other affiliated					
50. Total of above Lines 44 to 49	10,202,161	9,283,439	7,750,181	8,159,910	6,544,316
51. Total Investment in Parent included in Lines 44 to 49 above					
Total Nonadmitted and Admitted Assets					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2)	2,053,506	1,969,945	997,912	1,021,470	1,157,069
53. Total admitted assets (Page 2, Line 28, Col. 3)	15,062,291	17,100,958	15,462,022	15,282,370	13,262,246
Investment Data					
54. Net investment income (Exhibit of Net Investment Income)	72,784	93,908	1,620,991	107,635	12,677,956
55. Realized capital gains (losses) (Page 4, Line 34, Column 1)					
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1)	918,722	1,533,258	(409,729)	1,615,594	(11,522,641)
57. Total of above Lines 54, 55 and 56	991,506	1,627,166	1,211,262	1,723,229	1,155,315
Benefits and Reserve Increases (Page 6)					
58. Total contract/certificate benefits - life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11,12, 13, 14 and 15, Cols. 6, 7 and 8)	0	0			
59. Total contract/certificate benefits - A & H (Lines 13 & 14, Col. 6)	10,230,674	1,730,684	1,641,561	1,967,909	2,293,282
60. Increase in life reserves - other than group and annuities (Line 19, Col. 2)	0	0			
61. Increase in A & H reserves (Line 19, Col. 6)	365,215	160,916	(75,292)	(64,326)	(63,395)
62. Dividends to policyholders and refunds to members (Line 30, Col. 1)	0	0			
Operating Percentages					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6)/(Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.0	68.5	51.0	7.1	8.0	8.4
64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.0	2.4	3.2	5.0	2.1	9.9
65. A & H loss percent (Schedule H, Part 1, Lines 5 and 6, Col. 2)	74.7	61.4	65.5	68.1	67.4
66. A & H cost containment percent (Schedule H, Pt. 1, Line 4, Col. 2)	0.0	0.1	0.1	0.0	0.2
67. A & H expense percent excluding cost containment expenses (Schedule H, Pt. 1, Line 10, Col. 2)	73.9	58.7	13.1	11.7	10.6
A & H Claim Reserve Adequacy					
68. Incurred losses on prior years' claims - group health (Schedule H, Part 3, Line 3.1 Col. 2)	978	480	460	54	4,530
69. Prior years' claim liability and reserve - group health (Schedule H, Part 3, Line 3.2 Col. 2)	2,104	2,216	2,382	4,173	10,243
70. Incurred losses on prior years' claims-health other than group (Schedule H, Part 3, Line 3.1 Col. 1 less Col. 2)	253,791	118,349	186,868	251,567	255,701
71. Prior years' claim liability and reserve-health other than group (Schedule H, Part 3, Line 3.2 Col. 1 less Col. 2)	303,785	161,893	190,578	233,661	281,457
Net Gains From Operations After Dividends to Policyholders/Members' Refunds and Federal Income Taxes by Lines of Business (Page 6.x, Line 33)					
72. Industrial life (Page 6.1, Col. 2)	0	0			
73. Ordinary - life (Page 6.1, Col. 1 less Cols. 2, 10 and 12)	0	0	3,347	829	345
74. Ordinary - individual annuities (Page 6, Col. 4)	0	0			
75. Ordinary-supplementary contracts	XXX	XXX	XXX		
76. Credit life (Page 6.1, Col. 10 plus Page 6.2, Col. 7)	0	0			
77. Group life (Page 6.2, Col. 1 Less Cols. 7 and 9)	0	0			
78. Group annuities (Page 6, Col. 5)	0	0			
79. A & H-group (Page 6.5, Col. 3)	0	0	0	13,423	20,207
80. A & H-credit (Page 6.5, Col. 10)	0	0			
81. A & H-other (Page 6.5, Col. 1 less Cols. 3 and 10)	(5,332,109)	(288,852)	2,091,022	627,282	672,806
82. Aggregate of all other lines of business (Page 6, Col. 8)	0	0	0	0	12,500,000
83. Fraternal (Page 6, Col. 7)	0	0			
84. Total (Page 6, Col. 1)	(5,332,109)	(288,852)	2,094,369	641,534	13,193,357

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []

If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

EXHIBIT OF LIFE INSURANCE

(\$000 Omitted for Amounts of Life Insurance)

	Industrial		Ordinary		Credit Life (Group and Individual)		Group			10 Total Amount of Insurance
	1	2	3	4	5	6	Number of		9	
	Number of Policies	Amount of Insurance	Number of Policies	Amount of Insurance	Number of Individual Policies and Group Certificates	Amount of Insurance	7 Policies	8 Certificates	Amount of Insurance	
1. In force end of prior year	0	0	835	27,325	0	0	0	0	0	27,325
2. Issued during year		0	0	0		0			0	0
3. Reinsurance assumed										0
4. Revived during year										0
5. Increased during year (net)										0
6. Subtotals, Lines 2 to 5	0	0	0	0	0	0	0	0	0	0
7. Additions by dividends during year	XXX		XXX		XXX		XXX	XXX		0
8. Aggregate write-ins for increases	0	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 and 6 to 8)	0	0	835	27,325	0	0	0	0	0	27,325
Deductions during year:										
10. Death			55	578			XXX			578
11. Maturity			1	2			XXX			2
12. Disability							XXX			0
13. Expiry			10	233						233
14. Surrender			10	116						116
15. Lapse			7	532						532
16. Conversion							XXX	XXX	XXX	0
17. Decreased (net)				1						1
18. Reinsurance										0
19. Aggregate write-ins for decreases	0	0	0	0	0	0	0	0	0	0
20. Totals (Lines 10 to 19)	0	0	83	1,462	0	0	0	0	0	1,462
21. In force end of year (b) (Line 9 minus Line 20)	0	0	752	25,863	0	0	0	0	0	25,863
22. Reinsurance ceded end of year	XXX		XXX	25,863	XXX		XXX	XXX		25,863
23. Line 21 minus Line 22	XXX	0	XXX	0	XXX	(a) 0	XXX	XXX	0	0
DETAILS OF WRITE-INS										
0801.										
0802.										
0803.										
0898. Summary of remaining write-ins for Line 8 from overflow page	0	0	0	0	0	0	0	0	0	0
0899. TOTALS (Lines 0801 thru 0803 plus 0898) (Line 8 above)	0	0	0	0	0	0	0	0	0	0
1901.										
1902.										
1903.										
1998. Summary of remaining write-ins for Line 19 from overflow page	0	0	0	0	0	0	0	0	0	0
1999. TOTALS (Lines 1901 thru 1903 plus 1998) (Line 19 above)	0	0	0	0	0	0	0	0	0	0

Life, Accident and Health Companies Only:

(a) Group \$; Individual \$

Fraternal Benefit Societies Only:

(b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates , Amount \$

Additional accidental death benefits included in life certificates were in amount \$, Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? Yes [] No []

If not, how are such expenses met?

.....

EXHIBIT OF LIFE INSURANCE

(\$000 Omitted for Amounts of Life Insurance) (Continued)
ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance
24. Additions by dividends	XXX		XXX	
25. Other paid-up insurance			27	73
26. Debit ordinary insurance	XXX	XXX		

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

Term Insurance Excluding Extended Term Insurance	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance
27. Term policies - decreasing			43	44
28. Term policies - other			279	19,832
29. Other term insurance - decreasing	XXX		XXX	
30. Other term insurance	XXX		XXX	
31. Totals (Lines 27 to 30)	0	0	322	19,876
Reconciliation to Lines 2 and 21:				
32. Term additions	XXX		XXX	
33. Totals, extended term insurance	XXX	XXX	37	291
34. Totals, whole life and endowment			393	5,694
35. Totals (Lines 31 to 34)	0	0	752	25,861

CLASSIFICATION OF AMOUNT OF INSURANCE BY PARTICIPATING STATUS

	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 Participating
36. Industrial				
37. Ordinary			25,767	94
38. Credit Life (Group and Individual)				
39. Group				
40. Totals (Lines 36 to 39)	0	0	25,767	94

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

	Credit Life		Group	
	1 Number of Individual Policies or Group Certificates	2 Amount of Insurance	3 Number of Certificates	4 Amount of Insurance
41. Amount of insurance included in Line 2 ceded to other companies	XXX		XXX	
42. Number in force end of year if the number under insured groups is limited on a pro-rata basis				XXX
43. Federal Employees' Group Life Insurance included in Line 21				
44. Servicemen's Group Life Insurance included in Line 21				
45. Group Permanent Insurance included in Line 21				

ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies	240
---	-----

BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Child, etc., policies and riders included in Line 2	
47.1	
47.2	

POLICIES WITH DISABILITY PROVISIONS

	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance	5 Number of Policies	6 Amount of Insurance	7 Number of Certificates	8 Amount of Insurance
48. Waiver of Premium			67	5,782				
49. Disability Income								
50. Extended Benefits			XXX	XXX				
51. Other								
52. Total	0	(a) 0	67	(a) 5,782	0	(a) 0	0	(a) 0

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES

SUPPLEMENTARY CONTRACTS				
	Ordinary		Group	
	1 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 Not Involving Life Contingencies
1. In force end of prior year				
2. Issued during year				
3. Reinsurance assumed				
4. Increased during year (net)				
5. Total (Lines 1 to 4)				
Deductions during year:				
6. Decreased (net)				
7. Reinsurance ceded				
8. Totals (Lines 6 and 7)				
9. In force end of year (line 5 minus line 8)				
10. Amount on deposit		(a)		(a)
11. Income now payable				
12. Amount of income payable	(a)	(a)	(a)	(a)

ANNUITIES				
	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year				
2. Issued during year				
3. Reinsurance assumed				
4. Increased during year (net)				
5. Totals (Lines 1 to 4)				
Deductions during year:				
6. Decreased (net)				
7. Reinsurance ceded				
8. Totals (Lines 6 and 7)				
9. In force end of year (line 5 minus line 8)				
Income now payable:				
10. Amount of income payable	(a)	XXX	XXX	(a)
Deferred fully paid:				
11. Account balance	XXX	(a)	XXX	(a)
Deferred not fully paid:				
12. Account balance	XXX	(a)	XXX	(a)

ACCIDENT AND HEALTH INSURANCE						
	Group		Credit		Other	
	1 Certificates	2 Premiums in Force	3 Policies	4 Premiums in Force	5 Policies	6 Premiums in Force
1. In force end of prior year	64	28,398	0		3,063	6,329,996
2. Issued during year	2	960			10,938	17,559,530
3. Reinsurance assumed						
4. Increased during year (net)		XXX		XXX		XXX
5. Totals (Lines 1 to 4)	66	XXX	0	XXX	14,001	XXX
Deductions during year:						
6. Conversions		XXX	XXX	XXX	XXX	XXX
7. Decreased (net)	1	XXX		XXX	482	XXX
8. Reinsurance ceded		XXX		XXX		XXX
9. Totals (Lines 6 to 8)	1	XXX	0	XXX	482	XXX
10. In force end of year (line 5 minus line 9)	65	(a) 26,957	0	(a)	13,519	(a) 22,915,585

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS		
	1	2
	Deposit Funds Contracts	Dividend Accumulations Contracts
1. In force end of prior year		
2. Issued during year		
3. Reinsurance assumed		
4. Increased during year (net)		
5. Totals (Lines 1 to 4)		
Deductions During Year:		
6. Decreased (net)		
7. Reinsurance ceded		
8. Totals (Lines 6 and 7)		
9. In force end of year (line 5 minus line 8)		
10. Amount of account balance	(a)	(a)

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS ^(b)

Allocated by States and Territories

States, Etc.			1	Life Contracts		Direct Business Only				
				2	3	4	5	6	7	
										Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5 (b)	Deposit-Type Contracts
			Active Status (a)	Life Insurance Premiums	Annuity Considerations					
1.	Alabama	AL	L	15,967	2,400	146,907		165,274		
2.	Alaska	AK	N	710				710		
3.	Arizona	AZ	L	3,891	50,187	5,742		59,820		
4.	Arkansas	AR	L	5,103		9,022		14,125		
5.	California	CA	N	12		1,055		1,067		
6.	Colorado	CO	L	1,140		325,994		327,134		
7.	Connecticut	CT	N					0		
8.	Delaware	DE	L	413		2,279		2,693		
9.	District of Columbia	DC	N					0		
10.	Florida	FL	N	5,151		33,797		38,948		
11.	Georgia	GA	L	706		12,533		13,238		
12.	Hawaii	HI	N					0		
13.	Idaho	ID	N	265		2,646		2,910		
14.	Illinois	IL	L	9,514		94,780		104,293		
15.	Indiana	IN	L	41,555	2,000	3,434,009		3,477,564		
16.	Iowa	IA	L	1,906		45,675		47,581		
17.	Kansas	KS	L	17,970	300	298,289		316,558		
18.	Kentucky	KY	L	908		13,969		14,877		
19.	Louisiana	LA	L	301		116,906		117,207		
20.	Maine	ME	N			1,169		1,169		
21.	Maryland	MD	N	1,633		121,590		123,223		
22.	Massachusetts	MA	L			4,744		4,744		
23.	Michigan	MI	L	5,434	0	279,443		284,877		
24.	Minnesota	MN	N			10,119		10,119		
25.	Mississippi	MS	L	815		2,590		3,406		
26.	Missouri	MO	L	18,416		36,698		55,114		
27.	Montana	MT	L			60,967		60,967		
28.	Nebraska	NE	L			144,688		144,688		
29.	Nevada	NV	L	650		224,173		224,823		
30.	New Hampshire	NH	N					0		
31.	New Jersey	NJ	N			8,641		8,641		
32.	New Mexico	NM	L					0		
33.	New York	NY	N	498		1,577		2,075		
34.	North Carolina	NC	L	76,811		455,151		531,962		
35.	North Dakota	ND	L	726		30,217		30,942		
36.	Ohio	OH	L	62,968	87,824	67,183		217,974		
37.	Oklahoma	OK	L	3,321		22,748		26,069		
38.	Oregon	OR	L			6,905		6,905		
39.	Pennsylvania	PA	L	6,893	3,250	5,991,509		6,001,652		
40.	Rhode Island	RI	N					0		
41.	South Carolina	SC	L	15,920		1,573,135		1,589,055		
42.	South Dakota	SD	L	2,983		36,017		39,000		
43.	Tennessee	TN	L	8,621		291,270		299,891		
44.	Texas	TX	L	16,293		270,527		286,820		
45.	Utah	UT	L	2,137		161,017		163,154		
46.	Vermont	VT	N			3,182		3,182		
47.	Virginia	VA	L	51,365		796,656		848,021		
48.	Washington	WA	N			6,036		6,036		
49.	West Virginia	WV	L	6,183		7,368		13,551		
50.	Wisconsin	WI	L			13,968		13,968		
51.	Wyoming	WY	L			26,589		26,589		
52.	American Samoa	AS	N					0		
53.	Guam	GU	N					0		
54.	Puerto Rico	PR	N					0		
55.	U.S. Virgin Islands	VI	N					0		
56.	Northern Mariana Islands	MP	N					0		
57.	Canada	CAN	N					0		
58.	Aggregate Other Alien	OT	XXX	0	0	0	0	0	0	0
59.	Subtotal	XXX		387,176	145,961	15,199,477	0	15,732,615		0
90.	Reporting entity contributions for employee benefits plans	XXX						0		
91.	Dividends or refunds applied to purchase paid-up additions and annuities	XXX						0		
92.	Dividends or refunds applied to shorten endowment or premium paying period	XXX						0		
93.	Premium or annuity considerations waived under disability or other contract provisions	XXX		1,785				1,785		
94.	Aggregate or other amounts not allocable by State	XXX		0	0	0	0	0	0	0
95.	Totals (Direct Business)	XXX		388,961	145,961	15,199,477	0	15,734,400		0
96.	Plus reinsurance assumed	XXX						0		
97.	Totals (All Business)	XXX		388,961	145,961	15,199,477	0	15,734,400		0
98.	Less reinsurance ceded	XXX		388,961	145,961	704,882		1,239,804		
99.	Totals (All Business) less Reinsurance Ceded	XXX		0	0	(c) 14,494,595	0	14,494,596		0
DETAILS OF WRITE-INS										
58001.	.....	XXX								
58002.	.....	XXX								
58003.	.....	XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0	0	0
9401.	.....	XXX								
9402.	.....	XXX								
9403.	.....	XXX								
9498.	Summary of remaining write-ins for Line 94 from overflow page	XXX		0	0	0	0	0	0	0
9499.	Totals (Lines 9401 through 9403 plus 9498)(Line 94 above)	XXX		0	0	0	0	0	0	0

(a) Active Status Counts:
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG35 R - Registered - Non-domiciled RRGs0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state0 Q - Qualified - Qualified or accredited reinsurer0
N - None of the above - Not allowed to write business in the state22

(b) Explanation of basis of allocation by states, etc., of premiums and annuity considerations
Premiums are allocated to the state in which the related policy or certificate holder resides

(c) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4, and 16.4, Cols. 8, 9, 10, or with Schedule H, Part 1, Line 1, indicate which: Exhibit 1, Lines 6.4, 10.4, and 16.4, Cols. 8, 9, 10.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

Entity Name	EIN	State	NAIC CODE
Cigna Corporation (A Delaware corporation and ultimate parent company)	82-4991898	DE	
Cigna Holding Company	06-1059331	DE	
Cigna Holdings, Inc.	06-1072796	DE	
Cigna Intellectual Property, Inc.	51-0402128	DE	
Cigna Investment Group, Inc.	06-1095823	DE	
Cigna International Finance, Inc.	52-0291385	DE	
Former Cigna Investments, Inc.	23-1914061	DE	
Cigna Investments, Inc.	06-0861092	DE	
Cigna Benefits Financing, Inc.	01-0947889	DE	
CareAllies, Inc.	26-0180898	DE	
CareAllies Accountable Care Collaborative LLC	85-0954556	DE	
CareAllies Accountable Care Network LLC	85-0935554	DE	
CareAllies Accountable Care Solutions LLC	00-0000000	DE	
Connecticut General Corporation	06-0840391	CT	
Benefit Management Corp.	81-0585518	MT	
Allegiance Life & Health Insurance Company	20-4433475	MT	12814
Allegiance Re, Inc.	20-3851464	MT	
Allegiance Benefit Plan Management, Inc.	81-0400550	MT	
Allegiance COBRA Services, Inc.	71-0916514	MT	
Allegiance Provider Direct, LLC	26-2201582	MT	
Community Health Network, LLC	84-1461840	MT	
Intermountain Underwriters, Inc.	81-0425785	MT	
Allegiance Care Management, LLC	03-0507057	MT	
HealthSpring, Inc.	20-1821898	DE	
NewQuest, LLC	76-0628370	TX	
NewQuest Management Northeast, LLC	52-1929677	DE	
Bravo Health Mid-Atlantic, Inc.	52-2259087	MD	10095
Bravo Health Pennsylvania, Inc.	52-2363406	PA	11524
HealthSpring Life & Health Insurance Company, Inc.	20-8534298	TX	12902
HealthSpring of Florida, Inc.	65-1129599	FL	11532
NewQuest Management of Illinois, LLC	77-0632665	IL	

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

Entity Name	EIN	State	NAIC CODE
NewQuest Management of Florida, LLC	20-4954206	FL	
HealthSpring Management of America, LLC	20-8647386	DE	
NewQuest Management of West Virginia, LLC	45-0633893	DE	
TexQuest, LLC	75-3108527	DE	
HouQuest, LLC	75-3108521	DE	
GulfQuest, LP	76-0657035	TX	
NewQuest Management of Alabama, LLC	33-1033586	AL	
HealthSpring USA, LLC	72-1559530	TN	
Tennessee Quest, LLC	20-5524622	TN	
HealthSpring Pharmacy Services, LLC	26-2353476	DE	
HealthSpring Pharmacy of Tennessee, LLC	26-2353772	DE	
Home Physicians Management, LLC	20-4266628	DE	
Alegis Care Services, LLC	35-2562415	DE	
Alegis Care Services of Colorado, LLC	85-0909305	CO	
Cigna Arbor Life Insurance Company	03-0452349	CT	13733
Evernorth Behavioral Health, Inc.	41-1648670	MN	
Evernorth Behavioral Health of California, Inc.	94-3107309	CA	
Evernorth Behavioral Health of Texas, Inc.	75-2751090	TX	
MCC Independent Practice Association of New York, Inc.	06-1346406	NY	
Cigna Dental Health, Inc.	59-2308055	FL	
Cigna Dental Health Plan of Arizona, Inc.	86-0807222	AZ	47013
Cigna Dental Health of California, Inc.	59-2600475	CA	
Cigna Dental Health of Colorado, Inc.	59-2675861	CO	11175
Cigna Dental Health of Delaware, Inc.	59-2676987	DE	95380
Cigna Dental Health of Florida, Inc.	59-1611217	FL	52021
Cigna Dental Health of Illinois, Inc.	06-1351097	IL	
Cigna Dental Health of Kansas, Inc.	59-2625350	KS	52024
Cigna Dental Health of Kentucky, Inc.	59-2619589	KY	52108
Cigna Dental Health of Maryland, Inc.	20-2844020	MD	48119
Cigna Dental Health of Missouri, Inc.	06-1582068	MO	11160
Cigna Dental Health of New Jersey, Inc.	59-2308062	NJ	11167

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

Entity Name	EIN	State	NAIC CODE
Cigna Dental Health of North Carolina, Inc.	56-1803464	NC	95179
Cigna Dental Health of Ohio, Inc.	59-2579774	OH	47805
Cigna Dental Health of Pennsylvania, Inc.	52-1220578	PA	47041
Cigna Dental Health of Texas, Inc.	59-2676977	TX	95037
Cigna Dental Health of Virginia, Inc.	52-2188914	VA	52617
Cigna Health Corporation	62-1312478	DE	
Healthsource, Inc.	02-0387748	DE	
Cigna HealthCare of Arizona, Inc.	86-0334392	AZ	95125
Cigna HealthCare of California, Inc.	95-3310115	CA	
Cigna HealthCare of Colorado, Inc.	84-1004500	CO	95604
Cigna HealthCare of Connecticut, Inc.	06-1141174	CT	95660
Cigna HealthCare of Florida, Inc.	59-2089259	FL	95136
Cigna HealthCare of Georgia, Inc.	58-1641057	GA	96229
Cigna HealthCare of Illinois, Inc.	36-3385638	IL	95602
Cigna HealthCare of Indiana, Inc.	35-1679172	IN	95525
Cigna HealthCare of Maine, Inc.	01-0418220	ME	
Cigna HealthCare of Massachusetts, Inc.	02-0402111	MA	
Cigna HealthCare Mid-Atlantic, Inc.	52-1404350	MD	
Cigna HealthCare of New Hampshire, Inc.	02-0387749	NH	95493
Cigna HealthCare of New Jersey, Inc.	22-2720890	NJ	95500
Cigna HealthCare of North Carolina, Inc.	56-1479515	NC	95132
Cigna HealthCare of Pennsylvania, Inc.	23-2301807	PA	
Cigna HealthCare of St. Louis, Inc.	36-3359925	MO	95635
Cigna HealthCare of South Carolina, Inc.	06-1185590	SC	95708
Cigna HealthCare of Tennessee, Inc.	62-1218053	TN	95606
Cigna HealthCare of Texas, Inc.	74-2767437	TX	95383
Cigna HealthCare of Utah, Inc.	62-1230908	UT	
Temple Insurance Company Limited	00-0000000		
Arizona Health Plan, Inc.	86-3581583	AZ	
Healthsource Properties, Inc.	02-0467679	NH	
Managed Care Consultants, Inc.	88-0241365	NV	

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

Entity Name	EIN	State	NAIC CODE
Cigna Benefit Technology Solutions, Inc.	02-0515554	DE	
Sagamore Health Network, Inc.	35-1641636	IN	
Cigna Healthcare Holdings, Inc.	84-0985843	CO	
Great-West Healthcare of Illinois, Inc.	93-1174749	IL	
Cigna Healthcare, Inc.	02-0495422	VT	
Connecticut General Life Insurance Company	06-0303370	CT	62308
CareAllies, LLC	81-2760646	DE	
Evernorth Direct Health, LLC	32-0222252	DE	
Gillette Ridge Community Council, Inc.	00-0000000	CT	
Gillette Ridge Golf, LLC	20-3700105	DE	
Hazard Center Investment Company LLC	52-2149519	DE	
Tel-Drug of Pennsylvania, LLC	23-3074013	PA	
GRG Acquisitions LLC	00-0000000	DE	
Cigna Affiliates Realty Investment Group, LLC	27-5402196	DE	
Secon Properties, LP	95-2876207	CA	
Transwestern Federal Holdings, L.L.C.	00-0000000	DE	
Transwestern Federal, L.L.C.	00-0000000	DE	
CR Washington Street Investors LP	27-3555688	DE	
PUR Arbors Apartments Venture LLC	45-5046449	DE	
CG Seventh Street, LLC	45-5499889	DE	
Ideal Properties II LLC	95-4838551	CA	
Mallory Square Partners I, LLC	80-0908244	DE	
Houston Briar Forest Apartments Limited Partnership	37-1708015	DE	
SB-SNH LLC	46-3593103	DE	
680 Investors LLC	00-0000000	CA	
685 New Hampshire LLC	00-0000000	CA	
Lakehills CM-CG LLC	47-4375626	DE	
Berewick Apartments LLC	81-2650133	DE	
CIG-LEI Ygnacio Associates LLC	81-3389374	DE	
CGGL Orange Collection LLC	61-1797835	DE	
CGGL City Parkway LLC	81-3313562	DE	

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

Entity Name	EIN	State	NAIC CODE
Heights at Bear Creek Venture LLC	81-4139432	DE	
SOMA Apartments Venture LLC	82-1732483	DE	
Arbor Heights Venture LLC	82-3315524	DE	
CG/Wood ALTA 601, LLC	82-1280312	DE	
CPI-CII 9171 Wilshire JV LLC	82-4936006	DE	
9171 Wilshire CPI-CII LLC	82-4794800	DE	
CARING Alta Leander Investor LLC	85-2966766	DE	
CG/Wood Alta Leander Station, LLC	85-2233381	DE	
CARING Avondale Investor LLC	85-2966766	DE	
Westcore Realty CG Avondale, LLC	85-3567364	DE	
CARING Capitol Hill GP LLC	32-0570889	DE	
CARING Capitol Hill LP LLC	37-1903297	DE	
Rise-CG Capitol Hill, LP	83-1460134	DE	
CARING 3130 Investor LLC	84-1960231	DE	
CARING 9171 Wilshire Investor LLC	83-2318410	DE	
CARING Heights at Bear Creek Investor LLC	83-2318233	DE	
CARING 500 Ygnacio Investor LLC	83-2562994	DE	
CARING Alta Englewood Investor LLC	83-2851501	DE	
CARING Alta Woodson Investor LLC	83-2563284	DE	
CARING Mallory Square Investor LLC	83-2339522	DE	
CARING Soma Investor LLC	83-2563138	DE	
CARING Century Plaza Investor LLC	83-2851364	DE	
CG-Muller 550 Winchester, LLC	83-2993316	DE	
CARING Hillcrest Investor LLC	83-1400482	DE	
CI-GS Hillcrest LLC	82-1612980	DE	
CARING Alexan Enclave Investor LLC	83-2633790	DE	
CARING Orange Collection Investor LLC	83-2633886	DE	
CGGL Orange Collection Mezz LLC	00-0000000	DE	
CARING South Coast Subsidiary LLC	83-8294933	DE	
CARING 18th & Salmon Investor LLC	83-1400586	DE	
CI-GS Portland, LLC	82-4774243	DE	

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

Entity Name	EIN	State	NAIC CODE
CARING Firestone Investor LLC	83-3701937	DE	
CG-AQ 477 South Market Street LLC	84-2083351	DE	
CARING XR 2 International Investor LLC	83-4317078	DE	
CGGL XR 2 International LLC	84-1843578	DE	
CGGL XR 2 International JV LLC	84-1843578	DE	
CGGL XR 2 International Mezz LLC	84-1843578	DE	
CARING XR International Investor LLC	83-3923178	DE	
CGGL XR International LLC	84-1921719	DE	
CARING JA Lofts Investor GP LLC	00-0000000	DE	
CARING JA Lofts Investor LP LLC	00-0000000	DE	
JA Lofts JV Limited Partnership	84-3395923	DE	
JA Lofts Holdings, LLC	84-3406799	DE	
RISE-CG JA Lofts Limited Partnership	84-3254168	DE	
CARING Westcore Holding Investor LLC	38-4085763	DE	
Westcore CG AC, LLC	00-0000000	DE	
Westcore CG Commerce, LLC	00-0000000	DE	
Westcore CG Dove Valley II, LLC	84-3178563	DE	
Westcore CG Venture, LLC	00-0000000	DE	
Westcore CG Dove Valley I, LLC	84-3178563	DE	
Westcore CG Camelback, LLC	84-3178563	DE	
Westcore CG Susana, LLC	84-3178563	DE	
Westcore CG Navy, LLC	84-3178563	DE	
Westcore CG I-35, LLC	84-3178563	DE	
Westcore CG Potomac Park, LLC	84-3178563	DE	
Westcore CG Fountain Lakes, LLC	84-3178563	DE	
Westcore CG Mezz, LLC	84-3178563	DE	
Westcore CG Solano, LLC	84-3178563	DE	
Westcore CG Gateway, LLC	84-3178563	DE	
Westcore CG Cedar Port, LLC	84-3178563	DE	
CARING Westcore Holding II Investor LLC	87-3646420	DE	
Westcore CG II AC, LLC	87-3624928	DE	

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

Entity Name	EIN	State	NAIC CODE
Westcore CG Venture II, LLC	87-3624928	DE	
Westcore CG II Park 225, LLC	87-3624928	DE	
CARING IBP Investor LLC	84-4410554	DE	
CG-LEDO IBP Venture LLC	84-4773972	DE	
CG-LEDO IBP I LLC	84-4747045	DE	
CG-LEDO IBP II LLC	84-4755025	DE	
CARING Interbay Investor LP LLC	85-1984627	DE	
The Flats at Interbay JV Limited Partnership	85-1955075	DE	
The Flats at Interbay Limited Partnership	85-1962013	DE	
The Flats at Interbay Holdings, LLC	85-1955731	DE	
CARING Interbay Investor GP LLC	85-1961034	DE	
CARING Deco Investor LLC	85-4265529	DE	
Deco Apartments JV LLC	86-1305728	DE	
Deco Apartments Owner LLC	86-1334095	DE	
CARING ABS Investor LLC	85-4247420	DE	
ABS Apartments Venture, L.L.C.	85-1046126	DE	
CARING Elan I Investor LLC	85-2912145	DE	
CI-GS Elan Everett Phase I, LLC	86-2964997	DE	
CARING Elan II Investor LLC	87-0928526	DE	
CI-GS Elan Everett Phase II, LLC	86-3726159	DE	
CARING St. Matthew's Investor LLC	86-1942593	DE	
ASM Apartments Venture, L.L.C.	86-1750832	DE	
CARING Montclair Investor LLC	85-4265529	DE	
Montclair Residences JV LLC	87-2772585	DE	
Montclair 11 Pine Operating Company LLC	87-2810715	DE	
Montclair 11 Pine Urban Renewal LLC	87-2790325	DE	
CARING Berwyn Investor LLC	87-1992977	DE	
Swedesford Road Apartments, LLC	87-0903685	DE	
CARING Duraleigh Investor LLC	83-2851501	DE	
CG/Wood Alta Duraleigh, LLC	85-0734624	DE	
CG/Wood Alta Duraleigh Owner, LLC	85-0655107	DE	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

Entity Name	EIN	State	NAIC CODE
CG/Wood Alta Duraleigh Townhome, LLC	87-2928410	DE	
Cigna Health and Life Insurance Company	59-1031071	CT	67369
CarePlexus, LLC	45-2681649	DE	
Cigna Corporate Services, LLC	27-3396038	DE	
Cigna Insurance Agency, LLC	27-1903785	CT	
Ceres Sales of Ohio, LLC	34-1970892	OH	
Cigna National Health Insurance Company	34-0970995	OH	61727
Provident American Life & Health Insurance Company	23-1335885	OH	67903
United Benefit Life Insurance Company	75-2305400	OH	65269
Loyal American Life Insurance Company	63-0343428	OH	65722
American Retirement Life Insurance Company	59-2760189	OH	88366
Sterling Life Insurance Company	13-1867829	IL	77399
Olympic Health Management Systems, Inc.	91-1500758	WA	
Olympic Health Management Services, Inc.	91-1599329	WA	
Cigna Ventures, LLC	83-1069280	DE	
AristaMD, Inc.	46-4080861	DE	
Buoy Health, Inc.	46-4918521	DE	
Octave Health Group, Inc.	82-5244890	DE	
Trainer Rx, Inc.	46-5264463	DE	
1EQ Inc. (d/b/a Babyscripts)	46-2332355	DE	
Verity Solutions Group, Inc.	00-0000000	DE	
Cigna & CMB Life Insurance Company Limited	00-0000000		
Cigna & CMB Health Services Company, Ltd.	00-0000000		
Cigna & CMB Asset Management Company Limited	00-0000000		
Health-Lynx, LLC	46-2086778	NJ	
QualCare Management Resources Limited Liability Company	46-1801639	NJ	
Cigna Management Company LLC	87-3374500		
Hartford Community Lender Holding LLC	87-3650143	DE	
Hartford Community Lender I LLC	87-3686301	DE	
Cigna Health Management, Inc.	23-1728483	DE	
Kronos Optimal Health Company	20-8064696	AZ	

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

Entity Name	EIN	State	NAIC CODE
Cigna Direct Marketing Company, Inc.	58-1136865	DE	
Tel-Drug, Inc.	46-0427127	SD	
Cigna Global Wellbeing Holdings Limited	00-0000000		
Cigna Global Wellbeing Solutions Limited	00-0000000		
Vielife Services, Inc.	98-0463704	DE	
CG Individual Tax Benefit Payments, Inc.	06-1332403	DE	
CG Life Pension Benefits Payments, Inc.	06-1332405	DE	
CG LINA Pension Benefits Payments, Inc.	06-1332401	DE	
Cigna Federal Benefits, Inc.	62-1724116	DE	
Cigna Healthcare Benefits, Inc.	23-2741293	DE	
Cigna Integratedcare, Inc.	23-2924152	DE	
Cigna Managed Care Benefits Company	23-2741294	DE	
Cigna Re Corporation	06-1071502	DE	
Blodget & Hazard Limited	06-1522976		
Cigna Resource Manager, Inc.	06-1567902	DE	
Connecticut General Benefit Payments, Inc.	06-1252419	DE	
Healthsource Benefits, Inc.	06-1533555	DE	
IHN, Inc.	35-2041388	IN	
Mediversal, Inc.	88-0334401	NV	
Universal Claims Administration	88-0344624	NV	
Brighter, Inc.	27-1713977	DE	
Patient Provider Alliance, Inc.	80-0818758	DE	
Cigna Global Holdings, Inc.	51-0389196	DE	
Cigna International Corporation, Inc.	51-0111677	DE	
Cigna International Services, Inc.	23-2610178	DE	
Cigna International Marketing (Thailand) Limited	00-0000000		
CGO Participatos LTDA	00-0000000		
YCFM Servicos LTDA	00-0000000		
Cigna Global Reinsurance Company, Ltd.	98-0210110		
Cigna Holdings Overseas, Inc.	23-3009279	DE	
Cigna Bellevue Alpha LLC	00-0000000	DE	

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

Entity Name	EIN	State	NAIC CODE
Cigna Linden Holdings, Inc.	46-4110289	DE	
Cigna Laurel Holdings, Ltd.	98-1146864		
Cigna Palmetto Holdings, Ltd.	98-1232443		
Cigna Apac Holdings, Ltd.	00-0000000		
Cigna Alder Holdings, LLC	00-0000000	DE	
Cigna Walnut Holdings, Ltd.	00-0000000		
Cigna Chestnut Holdings, Ltd.	98-1137759		
LINA Life Insurance Company of Korea	00-0000000		
Cigna International Services Australia Pty Ltd.	00-0000000		
Cigna Hong Kong Holdings Company Limited	00-0000000		
Cigna Data Services (Shanghai) Company Limited	00-0000000		
Cigna HLA Technology Services Company Limited	00-0000000		
Cigna Worldwide General Insurance Company Limited	00-0000000		
Cigna Worldwide Life Insurance Company Limited	00-0000000		
Cigna International Health Services Sdn. Bhd.	00-0000000		
Cigna New Zealand Holdings Limited	00-0000000		
OnePath Life (NZ) Limited	00-0000000		
Cigna Life Insurance New Zealand Limited	00-0000000		
Grown Ups New Zealand Limited	00-0000000		
Cigna Life Insurance Company of Canada	AA-1560515		
Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)	00-0000000		
LINA Financial Service	00-0000000		
Cigna Spruce Holdings GmbH	00-0000000		
Ascent Health Services LLC	00-0000000	DE	
Quallent Pharmaceuticals Holdings LP	00-0000000		
Quallent Pharmaceuticals Health LLC	00-0000000		
Cigna Taiwan Life Assurance Company Limited	00-0000000		
NAS Neuron Health Services, L.L.C.	00-0000000		
Claims and Risk Services Limited	00-0000000		
Egyptian Emirates Administration Services SAE	00-0000000		
Independent Health Information Technology Services L.L.C.	00-0000000		

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

Entity Name	EIN	State	NAIC CODE
NAS Administrative Services Company LLC	00-0000000		
Kuwait Emirates Administration Services WLL	00-0000000		
NAS United SPV	00-0000000		
Neuron LLC	00-0000000		
Cigna Nederland Gamma B.V.	00-0000000		
Cigna Sağlık Hayat ve Emeklilik A.Ş.	00-0000000		
RHP (Thailand) Limited	00-0000000		
Cigna Brokerage & Marketing (Thailand) Limited	00-0000000		
KDM (Thailand) Limited	00-0000000		
Cigna Insurance Public Company Limited	00-0000000		
Cigna Myrtle Holdings, Ltd.	98-1154657		
Cigna Elmwood Holdings, SPRL	98-1155943		
Cigna Beechwood Holdings	98-1181787		
Cigna Life Insurance Company of Europe S.A.-N.V.	AA-1240009		
Cigna Europe Insurance Company S.A.-N.V.	00-0000000		
Cigna European Services (UK) Limited	00-0000000		
Cigna 2000 UK Pension LTD	00-0000000		
Cigna Oak Holdings, Ltd.	00-0000000		
Cigna Willow Holdings, LTD.	00-0000000		
FirstAssist Administration Limited	00-0000000		
Cigna Legal Protection U.K. Ltd.	00-0000000		
Cigna Insurance Services (Europe) Limited	00-0000000		
Cigna International Health Services, BVBA	00-0000000		
Cigna International Health Services, LLC	30-0526216	FL	
Cigna International Health Services Kenya Limited	00-0000000		
Cigna Cedar Holdings, Ltd.	00-0000000		
Cigna Insurance Middle East S.A.L.	00-0000000		
Cigna Services Middle East FZE	00-0000000		
Cigna Insurance Management Services (DIFC), Ltd.	00-0000000		
Cigna Magnolia Holdings, Ltd.	98-1232512		
Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	00-0000000		

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

Entity Name	EIN	State	NAIC CODE
Cigna Health Solution India Pvt. Ltd.	00-0000000		
Cigna Poplar Holdings, Inc.	46-4099800	DE	
PT GAR Indonesia	00-0000000		
Cigna Global Insurance Company Limited	68-0676638		
International Pharmaceutical Solutions, GmbH	00-0000000		
ManipalCigna Health Insurance Company Limited	00-0000000		
Cigna Worldwide Insurance Company	23-2088429	DE	90859
PT Asuransi Cigna	AA-5360003		
Cigna Teak Holdings, LLC	00-0000000	DE	
Evernorth Strategic Development, Inc.	85-2717903	DE	
Evernorth Enterprise Services, Inc.	85-2732455	DE	
Express Scripts, Inc.	43-1420563	DE	
Evernorth Health, Inc.	45-2884094	DE	
Express Scripts Services Co.	43-1832983	DE	
Diversified Pharmaceutical Services, Inc.	41-1627938	MN	
Diversified NY IPA, Inc.	16-1526641	NY	
ESI Mail Pharmacy Service, Inc.	43-1867735	DE	
Express Scripts Pharmaceutical Procurement, LLC	20-5826948	DE	
Econdisc Contracting Solutions, LLC	27-3542089	DE	
Express Scripts Sales Operations, Inc.	22-3114423	NJ	
Express Scripts Specialty Distribution Services, Inc.	43-1869712	DE	
ESI Partnership	43-1925562	DE	
ESI Resources, Inc.	41-2006555	MN	
ESI GP Holdings, Inc.	43-1925556	DE	
Express Scripts Utilization Management Company	43-1869714	DE	
Express Scripts Strategic Development, Inc.	22-2230703	NJ	
Airport Holdings, LLC	75-3040465	NJ	
CuraScript, Inc.	36-4369972	DE	
Priority Healthcare Corporation	35-1927379	IN	
Lynnfield Drug, Inc.	04-3546044	FL	
Freedom Service Company, LLC	20-3229217	FL	

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

Entity Name	EIN	State	NAIC CODE
Priority Healthcare Distribution, Inc.	59-3761140	FL	
Freco, Inc.	02-0523249	FL	
Lynnfield Compounding Center, Inc.	58-2593075	FL	
SpectraCare, Inc.	61-1147068	KY	
SpectraCare Health Care Ventures, Inc.	61-1317695	KY	
Care Continuum, Inc.	61-1162797	KY	
Matrix GPO, LLC	51-0500147	IN	
Healthbridge Reimbursement & Product Support, Inc.	04-2992335	MA	
Strategic Pharmaceutical Investments, LLC	47-2658932	DE	
L&C Investments, LLC	47-5292506	DE	
Express Scripts Senior Care Holdings, Inc.	20-3126104	DE	
Express Scripts Senior Care, Inc.	20-3126075	DE	
ESI Mail Order Processing, Inc. (f/k/a NXI)	74-2974964	DE	
Express Reinsurance Company	27-3175443	MO	13918
Express Scripts Canada Holding Co.	43-1942542	DE	
Express Scripts Canada Co.	00-0000000		
ESI Canada	00-0000000		
ESI GP Canada ULC	00-0000000		
ESI GP2 Canada ULC	00-0000000		
Express Scripts Canada Wholesale	00-0000000		
Express Scripts Canada Services	00-0000000		
Express Scripts Pharmacy Ontario, Ltd.	00-0000000		
Express Scripts Pharmacy West, Ltd.	00-0000000		
Express Scripts Pharmacy Central, Ltd.	00-0000000		
Express Scripts Pharmacy Atlantic, Ltd.	00-0000000		
Express Scripts Canada Holding, LLC	27-1490640	DE	
Healthbridge, Inc.	26-2159005	DE	
Inside RX, LLC	82-0658250	DE	
myMatrixx Holdings, LLC	82-1350878	DE	
Matrix Healthcare Services, Inc.	59-3720653	FL	
myMatrixx-B, LLC	46-2589799	FL	

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

Entity Name	EIN	State	NAIC CODE
MyM Technology Services, LLC	36-4833284	FL	
Innovative Product Alignment, LLC	82-1655179	DE	
Express Scripts Health Information Network Partners, Inc.	84-5003423	DE	
Evernorth Care Solutions, Inc.	86-1465626	DE	
MDLive, Inc.	45-4937055	DE	
MDLive LLC	00-0000000	DE	
MDLivevisit, LLC	00-0000000	FL	
Breakthrough Behavioral, Inc.	00-0000000	DE	
Breakthrough Behavioral of Texas, Inc.	00-0000000	TX	
MDLive Provider Services, LLC	00-0000000	FL	
Medco Health Solutions, Inc.	22-3461740	DE	
MAH Pharmacy, LLC	27-1506930	DE	
Medco Containment Life Insurance Company	42-1425239	PA	63762
Medco Containment Insurance Company of NY	13-3506395	NY	34720
Accredo Health, Incorporated	55-0894449	DE	
AHG of New York, Inc.	13-3888838	NY	
Biopartners in Care, Inc.	43-1815573	MO	
Accredo Health Group, Inc.	11-3358535	DE	
Willow DSP LLC	00-0000000	DE	
Medco Europe, LLC	46-2166374	DE	
Medco Europe II, LLC	27-3709630	DE	
Express Scripts Administrators LLC	41-2063830	DE	
Medco Health Puerto Rico, LLC	81-0616525	DE	
Systemed, LLC	22-3474888	DE	
Medco Health Services, Inc.	26-3544786	DE	
Express Scripts Pharmacy, Inc.	30-0789911	DE	
Specialty Products Acquisitions, LLC	82-4405071	DE	
SureScripts, LLC	00-0000000	VA	
Medco Health Information Network Partners, Inc.	84-5017653	DE	
Evernorth Sales Operations, Inc.	85-2759151	DE	
eviCore 1, LLC	46-4676347	DE	

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

Entity Name	EIN	State	NAIC CODE
MedSolutions Holdings, Inc.	27-3801345	DE	
eviCore healthcare MSI, LLC	62-1615395	TN	
CareCore NJ, LLC	20-1089572	NJ	10144
CCN-WNY IPA, LLC	33-1039759	NY	
CCN NMO, LLC	45-2604992	NY	
MSI Health Organization of Texas, Inc.	32-0071543	TX	
MSIAZ I, LLC	86-1090522	TN	
MSICA I, LLC	20-1749733	TN	
MSICO I, LLC	20-1222347	TN	
MSIFL, LLC	55-0840800	TN	
MSIMD I, LLC	26-0181185	TN	
MSINC I, LLC	74-3122235	TN	
MSINH, LLC	03-0524694	TN	
MSINH II, LLC	11-3715243	TN	
MSINJ I, LLC	20-1749446	TN	
MSINV I, LLC	20-1761914	TN	
MSI HT, LLC	27-5492993	TN	
MSI LT, LLC	27-5493148	TN	
MSI SAR-GW, LLC	27-5493321	TN	
MSISC II, LLC	55-0840806	TN	
MSIVT I, LLC	26-0336736	TN	
MSIWA, LLC	20-2536458	TN	
Chiro Alliance Corporation	59-3466707	FL	
QPID Health, LLC	45-5569416	DE	

OVERFLOW PAGE FOR WRITE-INS