



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

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

Country of Domicile United States of America

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

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

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

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

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

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

Internet Website Address www.CignaSupplementalBenefits.com

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

### OFFICERS

President Stephen Burnett Jones Secretary Jill Mary Stadelman  
Treasurer and Chief Accounting Officer Byron Keith Buescher Chief Financial Officer and Chief Actuary David Leroy Swanson #

### OTHER

David Lawrence Chambers, Vice President - Sales and Marketing Mark Fleming, Vice President and Assistant Treasurer Mohammed Umar Gilani, Appointed Actuary  
Joanne Ruth Hart, Vice President and Assistant Treasurer Scott Ronald Lambert, Vice President and Assistant Treasurer Kathleen Murphy O'Neil, Vice President  
Drew Jerome Reynolds, Vice President and Assistant Treasurer

### DIRECTORS OR TRUSTEES

Stephen Burnett Jones Frank Sataline Jr. David Leroy Swanson #  
James Yablecki

State of Pennsylvania SS  
County of Philadelphia

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

Stephen Burnett Jones  
President

Byron Keith Buescher  
Treasurer and Chief Accounting Officer

Jill Mary Stadelman  
Secretary

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

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



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

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	15,967				15,967
2. Annuity considerations	2,400				2,400
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	18,367	0	0	0	18,367
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	5,013				5,013
10. Matured endowments					0
11. Annuity benefits	15,510				15,510
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	20,523	0	0	0	20,523
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full	1	5,000							1	5,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	27	1,581,389	0 (a)	0	0	0	0	0	27	1,581,389
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(69,681)							(2)	(69,681)
23. In force December 31 of current year	25	1,511,708	0 (a)	0	0	0	0	0	25	1,511,708

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	6,699	6,309		1,817	1,864
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	140,208	117,135		40,334	66,351
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	140,208	117,135	0	40,334	66,351
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	146,907	123,444	0	42,151	68,215

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



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

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

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



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

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,891				3,891
2. Annuity considerations	50,187				50,187
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	54,078	0	0	0	54,078
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	15,516				15,516
10. Matured endowments					0
11. Annuity benefits	344				344
12. Surrender values and withdrawals for life contracts	1,100				1,100
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	16,960	0	0	0	16,960
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	15,000							2	15,000
Settled during current year:										
18.1 By payment in full	2	15,000							2	15,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	15,000	0	0	0	0	0	0	2	15,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	15,000	0	0	0	0	0	0	2	15,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	9	755,957	0 (a)	0	0	0	0	0	9	755,957
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(265,000)							(3)	(265,000)
23. In force December 31 of current year	6	490,957	0 (a)	0	0	0	0	0	6	490,957

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,742	5,726		433	740
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,742	5,726	0	433	740
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,742	5,726	0	433	740

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



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

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

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



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

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year	1	454	0 (a)	0	0	0	0	0	1	454
21. Issued during year									0	0
22. Other changes to in force (Net)		(32)							0	(32)
23. In force December 31 of current year	1	422	0 (a)	0	0	0	0	0	1	422

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	119	120		861	833
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	936	934		20,848	21,000
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	936	934	0	20,848	21,000
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,055	1,054	0	21,709	21,833

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



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

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,140				1,140
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,140	0	0	0	1,140
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	325,994	235,299		128,902	201,831
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	325,994	235,299	0	128,902	201,831
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	325,994	235,299	0	128,902	201,831

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



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

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifs., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pols. & Certifs., Amount), 9-10 Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

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



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

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,279	2,277		212	438
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,279	2,277	0	212	438
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,279	2,277	0	212	438

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



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

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

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



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

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	5,151				5,151
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,151	0	0	0	5,151
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits					0
10. Matured endowments	2,000				2,000
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,000	0	0	0	2,000
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	1	2,000	0	0	0	0	0	0	1	2,000
17. Incurred during current year		2,000							0	2,000
Settled during current year:										
18.1 By payment in full		2,000							0	2,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	2,000	0	0	0	0	0	0	0	2,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	2,000	0	0	0	0	0	0	0	2,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	2,000	0	0	0	0	0	0	1	2,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	17	297,116	0 (a)	0	0	0	0	0	17	297,116
21. Issued during year									0	0
22. Other changes to in force (Net)	1	295,664							1	295,664
23. In force December 31 of current year	18	592,780	0 (a)	0	0	0	0	0	18	592,780

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	33,797	32,378		21,800	23,706
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	33,797	32,378	0	21,800	23,706
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	33,797	32,378	0	21,800	23,706

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



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

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	644				61					705
2. Annuity considerations										0
3. Deposit-type contract funds			XXX				XXX			0
4. Other considerations										0
5. Totals (Sum of Lines 1 to 4)	644		0		61		0			705
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>										
Life insurance:										
6.1 Paid in cash or left on deposit										0
6.2 Applied to pay renewal premiums										0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										0
6.4 Other										0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0		0		0		0			0
Annuities:										
7.1 Paid in cash or left on deposit										0
7.2 Applied to provide paid-up annuities										0
7.3 Other										0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0		0		0		0			0
8. Grand Totals (Lines 6.5 plus 7.4)	0		0		0		0			0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										0
10. Matured endowments										0
11. Annuity benefits										0
12. Surrender values and withdrawals for life contracts	1,231									1,231
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0		0		0		0			0
14. All other benefits, except accident and health										0
15. Totals	1,231		0		0		0			1,231
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of Line 13 from overflow page	0		0		0		0			0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0		0		0		0			0

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,826	4,153		1,544	1,574
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,707	8,716		1,508	1,950
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,707	8,716	0	1,508	1,950
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,533	12,869	0	3,052	3,524

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



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

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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



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

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		2,646		73	67
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		2,646	0	73	67
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		2,646	0	73	67

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



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

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	9,514								9,514	
2. Annuity considerations									0	
3. Deposit-type contract funds			XXX				XXX		0	
4. Other considerations									0	
5. Totals (Sum of Lines 1 to 4)	9,514		0		0		0		9,514	
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>										
Life insurance:										
6.1 Paid in cash or left on deposit									0	
6.2 Applied to pay renewal premiums									0	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period									0	
6.4 Other									0	
6.5 Totals (Sum of Lines 6.1 to 6.4)	0		0		0		0		0	
Annuities:										
7.1 Paid in cash or left on deposit									0	
7.2 Applied to provide paid-up annuities									0	
7.3 Other									0	
7.4 Totals (Sum of Lines 7.1 to 7.3)	0		0		0		0		0	
8. Grand Totals (Lines 6.5 plus 7.4)	0		0		0		0		0	
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits	47,358								47,358	
10. Matured endowments									0	
11. Annuity benefits									0	
12. Surrender values and withdrawals for life contracts									0	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0		0		0		0		0	
14. All other benefits, except accident and health									0	
15. Totals	47,358		0		0		0		47,358	
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of Line 13 from overflow page	0		0		0		0		0	
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0		0		0		0		0	

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	20,000	.0	.0	.0	0	.0	.0	.1	20,000
17. Incurred during current year	.2	27,000							.2	27,000
Settled during current year:										
18.1 By payment in full	.3	47,000							.3	47,000
18.2 By payment on compromised claims									.0	0
18.3 Totals paid	.3	47,000	.0	.0	.0	0	.0	.0	.3	47,000
18.4 Reduction by compromise									.0	0
18.5 Amount rejected									.0	0
18.6 Total settlements	.3	47,000	.0	.0	.0	0	.0	.0	.3	47,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	23	230,500	0 (a)	0	0	0	0	0	23	230,500
21. Issued during year									.0	0
22. Other changes to in force (Net)	(3)	(47,000)							(3)	(47,000)
23. In force December 31 of current year	20	183,500	0 (a)	0	0	0	0	0	20	183,500

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	986	986		1,855	1,862
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	93,795	114,928		72,675	71,680
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	93,795	114,928	0	72,675	71,680
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	94,781	115,914	0	74,530	73,542

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



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

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	41,555				41,555
2. Annuity considerations	2,000				2,000
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	43,555	0	0	0	43,555
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	8,197				8,197
10. Matured endowments					0
11. Annuity benefits	194,770				194,770
12. Surrender values and withdrawals for life contracts	4,835				4,835
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	207,802	0	0	0	207,802
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	5,000	.0	.0	.0	.0	.0	.0	.1	5,000
17. Incurred during current year	.1	3,000							.1	3,000
Settled during current year:										
18.1 By payment in full	.2	8,000							.2	8,000
18.2 By payment on compromised claims									.0	0
18.3 Totals paid	.2	8,000	.0	.0	.0	.0	.0	.0	.2	8,000
18.4 Reduction by compromise									.0	0
18.5 Amount rejected									.0	0
18.6 Total settlements	.2	8,000	.0	.0	.0	.0	.0	.0	.2	8,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	73	4,122,326	0 (a)	0	0	0	0	0	73	4,122,326
21. Issued during year									.0	0
22. Other changes to in force (Net)	(3)	(21,568)							(3)	(21,568)
23. In force December 31 of current year	70	4,100,758	0 (a)	0	0	0	0	0	70	4,100,758

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	742	2,142		1,962	1,866
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,433,267	3,281,794		2,527,491	2,799,978
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,433,267	3,281,794	0	2,527,491	2,799,978
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,434,009	3,283,936	0	2,529,453	2,801,844

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



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

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

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



6 1 7 2 7 2 0 2 1 4 3 0 1 7 1 0 0

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

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Maturity and Settlements, and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and various accident types.

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



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

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

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



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

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	116,906	96,071		43,217	66,476
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	116,906	96,071	0	43,217	66,476
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	116,906	96,071	0	43,217	66,476

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



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

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,169	1,166		203	465
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,169	1,166	0	203	465
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,169	1,166	0	203	465

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



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

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	121,590	83,564		38,476	68,828
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	121,590	83,564	0	38,476	68,828
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	121,590	83,564	0	38,476	68,828

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



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

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,744	2,656		32	280
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,744	2,656	0	32	280
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,744	2,656	0	32	280

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



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

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	5,434								5,434	
2. Annuity considerations									0	
3. Deposit-type contract funds			XXX				XXX		0	
4. Other considerations									0	
5. Totals (Sum of Lines 1 to 4)	5,434		0		0		0		5,434	
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>										
Life insurance:										
6.1 Paid in cash or left on deposit									0	
6.2 Applied to pay renewal premiums									0	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period									0	
6.4 Other									0	
6.5 Totals (Sum of Lines 6.1 to 6.4)	0		0		0		0		0	
Annuities:										
7.1 Paid in cash or left on deposit									0	
7.2 Applied to provide paid-up annuities									0	
7.3 Other									0	
7.4 Totals (Sum of Lines 7.1 to 7.3)	0		0		0		0		0	
8. Grand Totals (Lines 6.5 plus 7.4)	0		0		0		0		0	
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits									0	
10. Matured endowments									0	
11. Annuity benefits									0	
12. Surrender values and withdrawals for life contracts	11,830								11,830	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0		0		0		0		0	
14. All other benefits, except accident and health									0	
15. Totals	11,830		0		0		0		11,830	
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of Line 13 from overflow page	0		0		0		0		0	
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0		0		0		0		0	

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year	13	1,061,856	0 (a)	0	0	0	0	0	13	1,061,856
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(56,723)							(1)	(56,723)
23. In force December 31 of current year	12	1,005,133	0 (a)	0	0	0	0	0	12	1,005,133

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	279,443	242,738		120,702	174,181
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	279,443	242,738	0	120,702	174,181
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	279,443	242,738	0	120,702	174,181

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



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

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		10,119		651	813
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		10,119	0	651	813
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		10,119	0	651	813

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



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

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,590	2,593		196	307
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,590	2,593	0	196	307
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,590	2,593	0	196	307

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



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

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	18,416				18,416
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	18,416	0	0	0	18,416
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	37,721				37,721
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	2,405				2,405
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	40,126	0	0	0	40,126
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	5	37,500							5	37,500
Settled during current year:										
18.1 By payment in full	5	37,500							5	37,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	37,500	0	0	0	0	0	0	5	37,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	37,500	0	0	0	0	0	0	5	37,500
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	42	1,086,692	0 (a)	0	0	0	0	0	42	1,086,692
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(37,500)							(5)	(37,500)
23. In force December 31 of current year	37	1,049,192	0 (a)	0	0	0	0	0	37	1,049,192

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)		.66			
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	416	419		114	.64
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	36,283	36,412		21,533	21,702
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	36,283	36,412	0	21,533	21,702
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	36,699	36,897	0	21,647	21,766

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



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

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

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



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

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		144,688	150,155	91,610	93,656
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		144,688	150,155	91,610	93,656
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		144,688	150,155	91,610	93,656

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



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

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	650				650
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	650	0	0	0	650
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		224,173	183,134	95,509	142,450
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		224,173	183,134	95,509	142,450
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		224,173	183,134	95,509	142,450

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



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

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

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



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

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,641	9,678		6,324	6,993
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,641	9,678	0	6,324	6,993
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,641	9,678	0	6,324	6,993

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



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

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

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



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

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance		498								498
2. Annuity considerations										0
3. Deposit-type contract funds			XXX				XXX			0
4. Other considerations										0
5. Totals (Sum of Lines 1 to 4)		498		0		0		0		498
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>										
Life insurance:										
6.1 Paid in cash or left on deposit										0
6.2 Applied to pay renewal premiums										0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										0
6.4 Other										0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0		0		0		0		0
Annuities:										
7.1 Paid in cash or left on deposit										0
7.2 Applied to provide paid-up annuities										0
7.3 Other										0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0		0		0		0		0
8. Grand Totals (Lines 6.5 plus 7.4)		0		0		0		0		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										0
10. Matured endowments										0
11. Annuity benefits										0
12. Surrender values and withdrawals for life contracts										0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0		0		0		0		0
14. All other benefits, except accident and health										0
15. Totals		0		0		0		0		0
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of Line 13 from overflow page		0		0		0		0		0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0		0		0		0		0

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		1,577	1,707	255	478
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		1,577	1,707	255	478
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1,577	1,707	255	478

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



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

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	76,809				76,809
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	76,809	0	0	0	76,809
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	59,231				59,231
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	26,731				26,731
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	85,962	0	0	0	85,962
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	8	59,000							8	59,000
Settled during current year:										
18.1 By payment in full	8	59,000							8	59,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	59,000	0	0	0	0	0	0	8	59,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	59,000	0	0	0	0	0	0	8	59,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>						No. of Policies				
20. In force December 31, prior year	112	2,479,961	0 (a)	0	0	0	0	0	112	2,479,961
21. Issued during year									0	0
22. Other changes to in force (Net)	(12)	(133,777)							(12)	(133,777)
23. In force December 31 of current year	100	2,346,184	0 (a)	0	0	0	0	0	100	2,346,184

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,820	3,820		3,474	3,476
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	451,332	414,250		257,051	309,507
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	451,332	414,250	0	257,051	309,507
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	455,152	418,070	0	260,525	312,983

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



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

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

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



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

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	62,968				62,968
2. Annuity considerations	87,824				87,824
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	150,792	0	0	0	150,792
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	614				614
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	529				529
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,143	0	0	0	1,143
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,143	0	0	0	1,143
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	230,563				230,563
10. Matured endowments					0
11. Annuity benefits	147,786				147,786
12. Surrender values and withdrawals for life contracts	89,381				89,381
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	467,730	0	0	0	467,730
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	4	7,930	0	0	0	0	0	0	4	7,930
17. Incurred during current year	9	221,042							9	221,042
Settled during current year:										
18.1 By payment in full	12	228,746							12	228,746
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	228,746	0	0	0	0	0	0	12	228,746
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	228,746	0	0	0	0	0	0	12	228,746
19. Unpaid Dec. 31, current year (16+17-18.6)	1	226	0	0	0	0	0	0	1	226
<b>POLICY EXHIBIT</b>						No. of Policies				
20. In force December 31, prior year	227	6,988,623	0 (a)	0	0	0	0	0	227	6,988,623
21. Issued during year									0	0
22. Other changes to in force (Net)	(29)	(838,754)							(29)	(838,754)
23. In force December 31 of current year	198	6,149,869	0 (a)	0	0	0	0	0	198	6,149,869

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,662	1,662		6,962	6,076
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	16,266	16,911		14,794	14,701
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	49,255	50,069		14,544	14,582
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	49,255	50,069	0	14,544	14,582
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	67,183	68,642	0	36,300	35,359

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



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

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	3,321									3,321
2. Annuity considerations										0
3. Deposit-type contract funds			XXX				XXX			0
4. Other considerations										0
5. Totals (Sum of Lines 1 to 4)	3,321		0		0		0		0	3,321
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>										
Life insurance:										
6.1 Paid in cash or left on deposit										0
6.2 Applied to pay renewal premiums										0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										0
6.4 Other										0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0		0		0		0		0	0
Annuities:										
7.1 Paid in cash or left on deposit										0
7.2 Applied to provide paid-up annuities										0
7.3 Other										0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0		0		0		0		0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0		0		0		0		0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										0
10. Matured endowments										0
11. Annuity benefits										0
12. Surrender values and withdrawals for life contracts										0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0		0		0		0		0	0
14. All other benefits, except accident and health										0
15. Totals	0		0		0		0		0	0
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of Line 13 from overflow page	0		0		0		0		0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0		0		0		0		0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	7	220,000	0 (a)	0	0	0	0	0	7	220,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(20,000)							(2)	(20,000)
23. In force December 31 of current year	5	200,000	0 (a)	0	0	0	0	0	5	200,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	22,748	22,998		8,126	8,942
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	22,748	22,998	0	8,126	8,942
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	22,748	22,998	0	8,126	8,942

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



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

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,905	6,759		13,703	14,111
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	6,905	6,759	0	13,703	14,111
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,905	6,759	0	13,703	14,111

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



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

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,893				6,893
2. Annuity considerations	3,250				3,250
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	10,143	0	0	0	10,143
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	4,350				4,350
12. Surrender values and withdrawals for life contracts	4,849				4,849
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	9,199	0	0	0	9,199
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,991,509	5,890,642		3,480,522	3,991,139
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,991,509	5,890,642	0	3,480,522	3,991,139
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,991,509	5,890,642	0	3,480,522	3,991,139

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



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

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

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



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

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

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



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

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and various accident types.

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



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

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	8,621								8,621	
2. Annuity considerations									0	
3. Deposit-type contract funds			XXX				XXX		0	
4. Other considerations									0	
5. Totals (Sum of Lines 1 to 4)	8,621		0		0		0		8,621	
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>										
Life insurance:										
6.1 Paid in cash or left on deposit									0	
6.2 Applied to pay renewal premiums									0	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period									0	
6.4 Other									0	
6.5 Totals (Sum of Lines 6.1 to 6.4)	0		0		0		0		0	
Annuities:										
7.1 Paid in cash or left on deposit									0	
7.2 Applied to provide paid-up annuities									0	
7.3 Other									0	
7.4 Totals (Sum of Lines 7.1 to 7.3)	0		0		0		0		0	
8. Grand Totals (Lines 6.5 plus 7.4)	0		0		0		0		0	
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits	20,134								20,134	
10. Matured endowments									0	
11. Annuity benefits									0	
12. Surrender values and withdrawals for life contracts	5,224								5,224	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0		0		0		0		0	
14. All other benefits, except accident and health									0	
15. Totals	25,358		0		0		0		25,358	
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of Line 13 from overflow page	0		0		0		0		0	
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0		0		0		0		0	

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	20,000							2	20,000
Settled during current year:										
18.1 By payment in full	2	20,000							2	20,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	20,000	0	0	0	0	0	0	2	20,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	20,000	0	0	0	0	0	0	2	20,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	21	791,138	0 (a)	0	0	0	0	0	21	791,138
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(38,000)							(3)	(38,000)
23. In force December 31 of current year	18	753,138	0 (a)	0	0	0	0	0	18	753,138

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	291,269	239,000		137,415	189,019
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	291,269	239,000	0	137,415	189,019
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	291,269	239,000	0	137,415	189,019

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



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

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	16,293				16,293
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	16,293	0	0	0	16,293
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	10,054				10,054
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	5,999				5,999
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	16,053	0	0	0	16,053
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	10,000							2	10,000
Settled during current year:										
18.1 By payment in full	2	10,000							2	10,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	10,000	0	0	0	0	0	0	2	10,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	10,000	0	0	0	0	0	0	2	10,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	34	477,680	0 (a)	0	0	0	0	0	34	477,680
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	84,964							(1)	84,964
23. In force December 31 of current year	33	562,644	0 (a)	0	0	0	0	0	33	562,644

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,658	2,658		718	712
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	1,573	1,573			12
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	266,297	266,060		92,675	93,578
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	266,297	266,060	0	92,675	93,578
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	270,528	270,291	0	93,393	94,302

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



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

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

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



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

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

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



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

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	51,365				51,365
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	51,365	0	0	0	51,365
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	85,521				85,521
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	28,282				28,282
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	113,803	0	0	0	113,803
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	3	10,000	0	0	0	0	0	0	3	10,000
17. Incurred during current year	7	75,000							7	75,000
Settled during current year:										
18.1 By payment in full	10	85,000							10	85,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10	85,000	0	0	0	0	0	0	10	85,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	85,000	0	0	0	0	0	0	10	85,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	85	1,823,508	0 (a)	0	0	0	0	0	85	1,823,508
21. Issued during year									0	0
22. Other changes to in force (Net)	(9)	(44,300)							(9)	(44,300)
23. In force December 31 of current year	76	1,779,208	0 (a)	0	0	0	0	0	76	1,779,208

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	796,651	806,660		583,512	594,074
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	796,651	806,660	0	583,512	594,074
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	796,651	806,660	0	583,512	594,074

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



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

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,036	6,047		246	394
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	6,036	6,047	0	246	394
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,036	6,047	0	246	394

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



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

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,183				6,183
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	6,183	0	0	0	6,183
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	5,018				5,018
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	370				370
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	5,388	0	0	0	5,388
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full	1	5,000							1	5,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>						No. of Policies				
20. In force December 31, prior year	13	725,151	0 (a)	0	0	0	0	0	13	725,151
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(104,000)							(2)	(104,000)
23. In force December 31 of current year	11	621,151	0 (a)	0	0	0	0	0	11	621,151

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	261	261			2
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,106	7,432		777	898
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	7,106	7,432	0	777	898
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,367	7,693	0	777	900

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



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

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	421	421			3
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	13,547	13,841		5,592	6,014
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	13,547	13,841	0	5,592	6,014
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,968	14,262	0	5,592	6,017

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



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

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	26,589	26,311		6,133	7,063
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	26,589	26,311	0	6,133	7,063
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	26,589	26,311	0	6,133	7,063

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



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

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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



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

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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



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

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

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



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

DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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



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

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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



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

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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



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

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2021

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	387,115	0	61	0	387,176
2. Annuity considerations	145,961	0	0	0	145,961
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	533,076	0	61	0	533,137
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	614	0	0	0	614
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	529	0	0	0	529
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,143	0	0	0	1,143
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,143	0	0	0	1,143
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	586,733	0	0	0	586,733
10. Matured endowments	2,000	0	0	0	2,000
11. Annuity benefits	513,962	0	0	0	513,962
12. Surrender values and withdrawals for life contracts	194,276	0	0	0	194,276
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	1,296,971	0	0	0	1,296,971
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	12	52,929	0	0	0	0	0	0	12	52,929
17. Incurred during current year	45	533,542	0	0	0	0	0	0	45	533,542
Settled during current year:										
18.1 By payment in full	55	584,246	0	0	0	0	0	0	55	584,246
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	55	584,246	0	0	0	0	0	0	55	584,246
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	55	584,246	0	0	0	0	0	0	55	584,246
19. Unpaid Dec. 31, current year (16+17-18.6)	2	2,225	0	0	0	0	0	0	2	2,225
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	835	27,324,074	0	0	0	0	0	0	835	27,324,074
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(83)	(1,462,707)	0	0	0	0	0	0	(83)	(1,462,707)
23. In force December 31 of current year	752	25,861,367	0	0	0	0	0	0	752	25,861,367

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	17,045	17,438	0	16,915	16,057
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	29,777	31,438	0	23,191	22,965
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	325,994	235,299	0	128,902	201,831
25.2 Guaranteed renewable (b)	14,817,668	14,233,792	0	9,035,454	10,332,009
25.3 Non-renewable for stated reasons only (b)	8,993	8,719	0	222	5,047
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	15,152,655	14,477,810	0	9,164,578	10,538,887
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,199,477	14,526,686	0	9,204,684	10,577,909

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**

**INTEREST MAINTENANCE RESERVE**

	1 Amount
1. Reserve as of December 31, Prior Year .....	2,181
2. Current year's realized pre-tax capital gains/(losses) of \$ ..... transferred into the reserve net of taxes of \$ .....	0
3. Adjustment for current year's liability gains/(losses) released from the reserve .....	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) .....	2,181
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) .....	3,019
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(838)

**AMORTIZATION**

	1	2	3	4
Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2021 .....	3,019	0	0	3,019
2. 2022 .....	1,565	0	0	1,565
3. 2023 .....	275	0	0	275
4. 2024 .....	(304)	0	0	(304)
5. 2025 .....	(404)	0	0	(404)
6. 2026 .....	(376)	0	0	(376)
7. 2027 .....	(257)	0	0	(257)
8. 2028 .....	(212)	0	0	(212)
9. 2029 .....	(228)	0	0	(228)
10. 2030 .....	(244)	0	0	(244)
11. 2031 .....	(228)	0	0	(228)
12. 2032 .....	(181)	0	0	(181)
13. 2033 .....	(134)	0	0	(134)
14. 2034 .....	(82)	0	0	(82)
15. 2035 .....	(28)	0	0	(28)
16. 2036 .....	0	0	0	0
17. 2037 .....	0	0	0	0
18. 2038 .....	0	0	0	0
19. 2039 .....	0	0	0	0
20. 2040 .....	0	0	0	0
21. 2041 .....	0	0	0	0
22. 2042 .....	0	0	0	0
23. 2043 .....	0	0	0	0
24. 2044 .....	0	0	0	0
25. 2045 .....	0	0	0	0
26. 2046 .....	0	0	0	0
27. 2047 .....	0	0	0	0
28. 2048 .....	0	0	0	0
29. 2049 .....	0	0	0	0
30. 2050 .....	0	0	0	0
31. 2051 and Later		0	0	0
32. Total (Lines 1 to 31)	2,181	0	0	2,181

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

**ASSET VALUATION RESERVE**

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year .....	6,122	0	6,122	0	0	0	6,122
2. Realized capital gains/(losses) net of taxes - General Account .....			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts .....			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account .....			0			0	0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts .....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves .....			0			0	0
7. Basic contribution .....	0	0	0	0	0	0	0
8. Accumulated balances (Lines 1 through 5 - 6 + 7) .....	6,122	0	6,122	0	0	0	6,122
9. Maximum reserve .....	0	0	0	0	0	0	0
10. Reserve objective .....	0	0	0	0	0	0	0
11. 20% of (Line 10 - Line 8) .....	(1,224)	0	(1,224)	0	0	0	(1,224)
12. Balance before transfers (Lines 8 + 11) .....	4,898	0	4,898	0	0	0	4,898
13. Transfers .....			0			0	0
14. Voluntary contribution .....			0			0	0
15. Adjustment down to maximum/up to zero .....	(4,898)		(4,898)			0	(4,898)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	0	0	0	0	0	0	0

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>LONG-TERM BONDS</b>												
1.		Exempt Obligations	4,465,361	XXX	XXX	4,465,361	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
3.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
3.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
3.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
4.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
5.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
6.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
7.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	4,465,361	XXX	XXX	4,465,361	XXX	0	XXX	0	XXX	0
<b>PREFERRED STOCKS</b>												
10.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>SHORT-TERM BONDS</b>												
18.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
20.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
21.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
<b>DERIVATIVE INSTRUMENTS</b>												
26.		Exchange Traded		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	4,465,361	XXX	XXX	4,465,361	XXX	0	XXX	0	XXX	0

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

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

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public .....		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
2.		Unaffiliated - Private .....		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
3.		Federal Home Loan Bank .....		XXX	XXX	0	0.0000	0	0.0061	0	0.0097	0
4.		Affiliated - Life with AVR .....	10,202,161	XXX	XXX	10,202,161	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations .....				0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality .....				0	XXX		XXX		XXX	
7.		Fixed Income - High Quality .....				0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality .....				0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality .....				0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality .....				0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default .....				0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public .....				0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
13.		Unaffiliated Common Stock - Private .....				0	0.0000	0	0.1945	0	0.1945	0
14.		Real Estate .....				0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual) .....		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16.		Affiliated - All Other .....		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
17.		Total Common Stock (Sum of Lines 1 through 16)	10,202,161	0	0	10,202,161	XXX	0	XXX	0	XXX	0
REAL ESTATE												
18.		Home Office Property (General Account only) .....				0	0.0000	0	0.0912	0	0.0912	0
19.		Investment Properties .....				0	0.0000	0	0.0912	0	0.0912	0
20.		Properties Acquired in Satisfaction of Debt .....				0	0.0000	0	0.1337	0	0.1337	0
21.		Total Real Estate (Sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest Quality .....		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
24.	2	High Quality .....		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25.	3	Medium Quality .....		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26.	4	Low Quality .....		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27.	5	Lower Quality .....		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28.	6	In or Near Default .....		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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

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

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

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

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

Asset Valuation Reserve - Replications (Synthetic) Assets

**NONE**

Schedule F - Claims

**NONE**

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

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
<b>PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS</b>																		
1. Premiums written	14,061,027	XXX	12,852	XXX		XXX	15,871	XXX		XXX	14,032,304	XXX		XXX		XXX		XXX
2. Premiums earned	13,695,454	XXX	12,847	XXX		XXX	16,579	XXX		XXX	13,666,028	XXX		XXX		XXX		XXX
3. Incurred claims	10,230,618	74.7	8,049	62.7	0	0.0	13,015	78.5	0	0.0	10,209,554	74.7	0	0.0	0	0.0	0	0.0
4. Cost containment expenses	4,543	0.0		0.0		0.0		0.0		0.0	4,543	0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	10,235,161	74.7	8,049	62.7	0	0.0	13,015	78.5	0	0.0	10,214,097	74.7	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves	(304)	0.0	5,557	43.3	0	0.0	0	0.0	0	0.0	(5,861)	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a)	2,779,099	20.3	(54)	(0.4)		0.0	(1,920)	(11.6)		0.0	2,781,073	20.4		0.0		0.0		0.0
8. Other general insurance expenses	6,844,833	50.0	1,524	11.9		0.0	1,642	9.9		0.0	6,841,667	50.1		0.0		0.0		0.0
9. Taxes, licenses and fees	497,776	3.6	347	2.7		0.0	554	3.3		0.0	496,718	3.6	157	0.0		0.0		0.0
10. Total other expenses incurred	10,121,708	73.9	1,817	14.1	0	0.0	276	1.7	0	0.0	10,119,458	74.0	157	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions	5,307	0.0	16	0.1	0	0.0	0	0.0	0	0.0	5,291	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	(6,666,418)	(48.7)	(2,592)	(20.2)	0	0.0	3,288	19.8	0	0.0	(6,666,957)	(48.8)	(157)	0.0	0	0.0	0	0.0
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	(6,666,418)	(48.7)	(2,592)	(20.2)	0	0.0	3,288	19.8	0	0.0	(6,666,957)	(48.8)	(157)	0.0	0	0.0	0	0.0
<b>DETAILS OF WRITE-INS</b>																		
1101. Increase in Loading	3,426	0.0	15	0.1		0.0	0.0	0.0		0.0	3,411	0.0		0.0		0.0		0.0
1102. Penalties	1,907	0.0	1	0.0		0.0	0.0	0.0		0.0	1,906	0.0		0.0		0.0		0.0
1103. Express Script Rebates	(26)	0.0		0.0		0.0	0.0	0.0		0.0	(26)	0.0		0.0		0.0		0.0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	5,307	0.0	16	0.1	0	0.0	0	0.0	0	0.0	5,291	0.0	0	0.0	0	0.0	0	0.0

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
<b>PART 2. - RESERVES AND LIABILITIES</b>									
<b>A. Premium Reserves:</b>									
1. Unearned premiums	686,477	30		563		685,884			
2. Advance premiums	687,090	246		416		686,428			
3. Reserve for rate credits	0								
4. Total premium reserves, current year	1,373,567	276	0	979	0	1,372,312	0	0	0
5. Total premium reserves, prior year	585,975	304	0	1,738	0	583,933	0	0	0
6. Increase in total premium reserves	787,592	(28)	0	(759)	0	788,379	0	0	0
<b>B. Contract Reserves:</b>									
1. Additional reserves (a)	151,089	41,007				110,082			
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	151,089	41,007	0	0	0	110,082	0	0	0
4. Total contract reserves, prior year	151,393	35,450	0	0	0	115,943	0	0	0
5. Increase in contract reserves	(304)	5,557	0	0	0	(5,861)	0	0	0
<b>C. Claim Reserves and Liabilities:</b>									
1. Total current year	1,705,543	2,063	0	993	0	1,702,487	0	0	0
2. Total prior year	305,889	2,104	0	1,107	0	302,678	0	0	0
3. Increase	1,399,654	(41)	0	(114)	0	1,399,809	0	0	0

<b>PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES</b>									
<b>1. Claims paid during the year:</b>									
1.1 On claims incurred prior to current year	250,794	978		1,258		248,558			
1.2 On claims incurred during current year	8,580,170	7,112		11,871		8,561,187			
<b>2. Claim reserves and liabilities, December 31, current year:</b>									
2.1 On claims incurred prior to current year	3,975					3,975			
2.2 On claims incurred during current year	1,701,568	2,063		993		1,698,512			
<b>3. Test:</b>									
3.1 Lines 1.1 and 2.1	254,769	978	0	1,258	0	252,533	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	305,889	2,104	0	1,107	0	302,678	0	0	0
3.3 Line 3.1 minus Line 3.2	(51,120)	(1,126)	0	151	0	(50,145)	0	0	0

<b>PART 4. - REINSURANCE</b>									
<b>A. Reinsurance Assumed:</b>									
1. Premiums written	0								
2. Premiums earned	0								
3. Incurred claims	0								
4. Commissions	0								
<b>B. Reinsurance Ceded:</b>									
1. Premiums written	660,502	6,151		14,152		629,151	11,048		
2. Premiums earned	674,065	6,146		14,859		642,015	11,045		
3. Incurred claims	420,265	7,367		11,382		400,767	749		
4. Commissions	65,712	1,142	0	1,920		62,650			

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

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

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

	1 Medical	2 Dental	3 Other	4 Total
<b>A. Direct:</b>				
1. Incurred Claims .....		36,151	10,614,729	10,650,880
2. Beginning Claim Reserves and Liabilities .....		3,264	381,318	384,582
3. Ending Claim Reserves and Liabilities .....		3,065	1,784,399	1,787,464
4. Claims Paid	0	36,350	9,211,648	9,247,998
<b>B. Assumed Reinsurance:</b>				
5. Incurred Claims .....				0
6. Beginning Claim Reserves and Liabilities .....				0
7. Ending Claim Reserves and Liabilities .....				0
8. Claims Paid	0	0	0	0
<b>C. Ceded Reinsurance:</b>				
9. Incurred Claims .....		15,949	404,313	420,262
10. Beginning Claim Reserves and Liabilities .....		1,579	203,693	205,272
11. Ending Claim Reserves and Liabilities .....		1,479	159,384	160,863
12. Claims Paid	0	16,049	448,622	464,671
<b>D. Net:</b>				
13. Incurred Claims .....	0	20,202	10,210,416	10,230,618
14. Beginning Claim Reserves and Liabilities .....	0	1,685	177,625	179,310
15. Ending Claim Reserves and Liabilities .....	0	1,586	1,625,015	1,626,601
16. Claims Paid	0	20,301	8,763,026	8,783,327
<b>E. Net Incurred Claims and Cost Containment Expenses:</b>				
17. Incurred Claims and Cost Containment Expenses .....		20,202	10,214,097	10,234,299
18. Beginning Reserves and Liabilities .....		1,685	177,625	179,310
19. Ending Reserves and Liabilities .....		1,586	1,625,015	1,626,601
20. Paid Claims and Cost Containment Expenses	0	20,301	8,766,707	8,787,008

Schedule S - Part 1 - Section 1

**NONE**

Schedule S - Part 1 - Section 2

**NONE**

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

**SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH		33,610
88340	59-2859797	08/01/2006	Hannover Life Reassurance Co of America	FL		75,423
82627	06-0839705	02/01/1983	Swiss Re Life & Health America	MO	50,000	
0899999. Life and Annuity - U.S. Non-Affiliates					50,000	109,033
1099999. Total Life and Annuity - Non-Affiliates					50,000	109,033
1199999. Total Life and Annuity					50,000	109,033
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	78,387	54,409
88340	59-2859797	01/01/1998	Hannover Life Reassurance Co of America	FL	554	2,884
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA		4,825
1999999. Accident and Health - U.S. Non-Affiliates					78,941	62,118
2199999. Total Accident and Health - Non-Affiliates					78,941	62,118
2299999. Total Accident and Health					78,941	62,118
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					128,941	171,151
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					128,941	171,151

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

**SCHEDULE S - PART 3 - SECTION 1**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0	0
0699999	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
0799999	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0	0
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	OL	9,340,000	1,309,720	1,495,687	226,789				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	FA	0	3,554,842	3,665,968	72,981				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Co of America	FL	CO/I	FA	0	3,538,307	3,689,221	72,981				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Co of America	FL	OTH/I	OL	6,978,000	569,465	616,576	102,817				
88099	75-1608507	10/12/2004	Optimum Re	TX	YRT/I	OL	898,000	5,782	5,039	8				
82627	06-0839705	01/01/2005	Swiss Re Life & Health	MO	CO/I	OL	7,640,214	273,480	262,937	29,832				
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	CO/I	FA	0	322,773	323,582					
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	CO/I	OL	1,006,000	24,308	15,921	5,165				
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA	CO/G	OL	0	0	0	61				
0899999	General Account - Authorized U.S. Non-Affiliates						25,862,214	9,598,677	10,074,931	510,635	0	0	0	0
1099999	Total General Account - Authorized Non-Affiliates						25,862,214	9,598,677	10,074,931	510,635	0	0	0	0
1199999	Total General Account Authorized						25,862,214	9,598,677	10,074,931	510,635	0	0	0	0
1499999	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0	0
1799999	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
1899999	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0	0
2199999	Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0
2299999	Total General Account Unauthorized						0	0	0	0	0	0	0	0
2599999	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0	0
2899999	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0	0
2999999	Total General Account - Certified Affiliates						0	0	0	0	0	0	0	0
3299999	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0	0
3399999	Total General Account Certified						0	0	0	0	0	0	0	0
3699999	Total General Account - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0	0
3999999	Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0	0
4099999	Total General Account - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0	0
4399999	Total General Account - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0	0
4499999	Total General Account Reciprocal Jurisdiction						0	0	0	0	0	0	0	0
4599999	Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						25,862,214	9,598,677	10,074,931	510,635	0	0	0	0
4899999	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0	0
5199999	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
5299999	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0	0
5599999	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0	0
5699999	Total Separate Accounts Authorized						0	0	0	0	0	0	0	0
5999999	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0	0
6299999	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
6399999	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0	0
6699999	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0
6799999	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0	0
7099999	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0	0
7399999	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0	0
7499999	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0	0
7799999	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0	0
7899999	Total Separate Accounts Certified						0	0	0	0	0	0	0	0
8199999	Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0	0
8499999	Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0	0
8599999	Total Separate Accounts - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0	0
8899999	Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0	0
8999999	Total Separate Accounts Reciprocal Jurisdiction						0	0	0	0	0	0	0	0
9099999	Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						0	0	0	0	0	0	0	0

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

**SCHEDULE S - PART 3 - SECTION 1**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
9199999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						25,862,214	9,598,677	10,074,931	510,635	0	0	0	0
9299999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						0	0	0	0	0	0	0	0
9999999	- Totals						25,862,214	9,598,677	10,074,931	510,635	0	0	0	0

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

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsur- ance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/G	A	0	33	0				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/G	D	5,998	29	0				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/G	SD	152	0	0				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/G	LTDI	0	0	42,327				
88340	59-2859797	01/01/1998	Hannover Life Reassurance Company of Ame	FL	OTH/G	LTDI	0	0	2,641				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/I	A	342	0	56,975				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/I	LTDI	0	0	0				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/I	MS	607,355	43,843	4,661				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/I	SD	18,360	3,203	21,079				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/I	D	14,152	558	0				
88340	59-2859797	01/01/1998	Hannover Life Reassurance Company of Ame	FL	OTH/I	SD	2,968	921	0				
67679	23-1609793	08/01/2006	American Republic Insurance Company	IA	OTH/I	CMM	11,048	135	0				
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/I	MS	0	0	0				
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/I	SD	127	0	0				
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/G	MS	0	0	0				
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/G	LTDI	0	0	0				
62235	01-0278678	01/01/1994	UNUM Life Insurance Company	ME	OTH/G	LTDI	0	0	15,843				
0899999. General Account - Authorized U.S. Non-Affiliates							660,502	48,722	143,526	0	0	0	0
00000	AA-1122000	07/01/2019	Lloyds of London	GBR	CAT/G	OM	97						
00000	AA-1122000	07/01/2019	Lloyds of London	GBR	CAT/G	A	180						
0999999. General Account - Authorized Non-U.S. Non-Affiliates							277	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							660,779	48,722	143,526	0	0	0	0
1199999. Total General Account Authorized							660,779	48,722	143,526	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							660,779	48,722	143,526	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0

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

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
7499999			Total Separate Accounts - Certified Affiliates				0	0	0	0	0	0	0
7799999			Total Separate Accounts - Certified Non-Affiliates				0	0	0	0	0	0	0
7899999			Total Separate Accounts Certified				0	0	0	0	0	0	0
8199999			Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0
8499999			Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0
8599999			Total Separate Accounts - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0
8899999			Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0
8999999			Total Separate Accounts Reciprocal Jurisdiction				0	0	0	0	0	0	0
9099999			Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				0	0	0	0	0	0	0
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				660,502	48,722	143,526	0	0	0	0
9299999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				277	0	0	0	0	0	0
9999999			Totals				660,779	48,722	143,526	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

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

**SCHEDULE S - PART 6**

Five Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
<b>A. OPERATIONS ITEMS</b>					
1. Premiums and annuity considerations for life and accident and health contracts .....	1,171	1,372	1,550	1,786	2,108
2. Commissions and reinsurance expense allowances .....	78	97	117	144	180
3. Contract claims .....	1,098	1,035	1,171	1,319	1,897
4. Surrender benefits and withdrawals for life contracts .....					
5. Dividends to policyholders and refunds to members .....					
6. Reserve adjustments on reinsurance ceded .....	0	0			
7. Increase in aggregate reserve for life and accident and health contracts .....					
<b>B. BALANCE SHEET ITEMS</b>					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected .....	287	357	394	455	522
9. Aggregate reserves for life and accident and health contracts .....	9,791	10,175	10,295	10,566	11,314
10. Liability for deposit-type contracts .....	24	27	29	31	9
11. Contract claims unpaid .....	171	222	232	381	221
12. Amounts recoverable on reinsurance .....	129	127	155	171	224
13. Experience rating refunds due or unpaid .....					
14. Policyholders' dividends and refunds to members (not included in Line 10) .....					
15. Commissions and reinsurance expense allowances due .....					
16. Unauthorized reinsurance offset .....	0	0			
17. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
18. Funds deposited by and withheld from (F) .....	0	0			
19. Letters of credit (L) .....	0	0			
20. Trust agreements (T) .....	0	0			
21. Other (O) .....	0	0			
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
22. Multiple Beneficiary Trust .....					
23. Funds deposited by and withheld from (F) .....					
24. Letters of credit (L) .....					
25. Trust agreements (T) .....					
26. Other (O) .....					

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

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	14,385,908		14,385,908
2. Reinsurance (Line 16) .....	147,364	(147,364)	0
3. Premiums and considerations (Line 15) .....	(100,442)	287,115	186,673
4. Net credit for ceded reinsurance .....	XXX	9,798,004	9,798,004
5. All other admitted assets (balance) .....	629,461		629,461
6. Total assets excluding Separate Accounts (Line 26) .....	15,062,291	9,937,755	25,000,046
7. Separate Account assets (Line 27) .....	0		0
8. Total assets (Line 28) .....	15,062,291	9,937,755	25,000,046
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2) .....	838,886	9,766,605	10,605,491
10. Liability for deposit-type contracts (Line 3) .....			0
11. Claim reserves (Line 4) .....	1,704,221	171,150	1,875,371
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7) .....	0		0
13. Premium & annuity considerations received in advance (Line 8) .....	687,090		687,090
14. Other contract liabilities (Line 9) .....	149,575		149,575
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) .....	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) .....	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount) .....	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) .....	0		0
19. All other liabilities (balance) .....	2,705,044		2,705,044
20. Total liabilities excluding Separate Accounts (Line 26) .....	6,084,816	9,937,755	16,022,571
21. Separate Account liabilities (Line 27) .....			0
22. Total liabilities (Line 28) .....	6,084,816	9,937,755	16,022,571
23. Capital & surplus (Line 38) .....	8,977,475	XXX	8,977,475
24. Total liabilities, capital & surplus (Line 39) .....	15,062,291	9,937,755	25,000,046
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves .....	9,766,605		
26. Claim reserves .....	171,150		
27. Policyholder dividends/reserves .....	0		
28. Premium & annuity considerations received in advance .....	0		
29. Liability for deposit-type contracts .....	0		
30. Other contract liabilities .....	0		
31. Reinsurance ceded assets .....	147,364		
32. Other ceded reinsurance recoverables .....	0		
33. Total ceded reinsurance recoverables .....	10,085,119		
34. Premiums and considerations .....	287,115		
35. Reinsurance in unauthorized companies .....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers .....	0		
37. Reinsurance with Certified Reinsurers .....	0		
38. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
39. Other ceded reinsurance payables/offsets .....	0		
40. Total ceded reinsurance payable/offsets .....	287,115		
41. Total net credit for ceded reinsurance .....	9,798,004		

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

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

Allocated by States and Territories

			Direct Business Only				6 Totals	
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)		5 Deposit-Type Contracts
States, Etc.								
1.	Alabama	AL	15,967	2,400			.0	18,367
2.	Alaska	AK	710	.0			.0	710
3.	Arizona	AZ	3,891	50,187			.0	54,078
4.	Arkansas	AR	5,103	.0			.0	5,103
5.	California	CA	12	.0			.0	12
6.	Colorado	CO	1,140	.0			.0	1,140
7.	Connecticut	CT	0	.0			.0	0
8.	Delaware	DE	413	.0			.0	413
9.	District of Columbia	DC	0	.0			.0	0
10.	Florida	FL	5,151	.0			.0	5,151
11.	Georgia	GA	706	.0			.0	706
12.	Hawaii	HI	0	.0			.0	0
13.	Idaho	ID	265	.0			.0	265
14.	Illinois	IL	9,514	.0			.0	9,514
15.	Indiana	IN	41,555	2,000			.0	43,555
16.	Iowa	IA	1,906	.0			.0	1,906
17.	Kansas	KS	17,970	300			.0	18,270
18.	Kentucky	KY	908	.0			.0	908
19.	Louisiana	LA	301	.0			.0	301
20.	Maine	ME	0	.0			.0	0
21.	Maryland	MD	1,633	.0			.0	1,633
22.	Massachusetts	MA	0	.0			.0	0
23.	Michigan	MI	5,434	.0			.0	5,434
24.	Minnesota	MN	0	.0			.0	0
25.	Mississippi	MS	815	.0			.0	815
26.	Missouri	MO	18,416	.0			.0	18,416
27.	Montana	MT	0	.0			.0	0
28.	Nebraska	NE	0	.0			.0	0
29.	Nevada	NV	650	.0			.0	650
30.	New Hampshire	NH	0	.0			.0	0
31.	New Jersey	NJ	0	.0			.0	0
32.	New Mexico	NM	0	.0			.0	0
33.	New York	NY	498	.0			.0	498
34.	North Carolina	NC	76,811	.0			.0	76,811
35.	North Dakota	ND	726	.0			.0	726
36.	Ohio	OH	62,968	87,824			.0	150,792
37.	Oklahoma	OK	3,321	.0			.0	3,321
38.	Oregon	OR	0	.0			.0	0
39.	Pennsylvania	PA	6,893	3,250			.0	10,143
40.	Rhode Island	RI	0	.0			.0	0
41.	South Carolina	SC	15,920	.0			.0	15,920
42.	South Dakota	SD	2,983	.0			.0	2,983
43.	Tennessee	TN	8,621	.0			.0	8,621
44.	Texas	TX	16,293	.0			.0	16,293
45.	Utah	UT	2,137	.0			.0	2,137
46.	Vermont	VT	0	.0			.0	0
47.	Virginia	VA	51,365	.0			.0	51,365
48.	Washington	WA	0	.0			.0	0
49.	West Virginia	WV	6,183	.0			.0	6,183
50.	Wisconsin	WI	0	.0			.0	0
51.	Wyoming	WY	0	.0			.0	0
52.	American Samoa	AS	0	.0			.0	0
53.	Guam	GU	0	.0			.0	0
54.	Puerto Rico	PR	0	.0			.0	0
55.	U.S. Virgin Islands	VI	0	.0			.0	0
56.	Northern Mariana Islands	MP	0	.0			.0	0
57.	Canada	CAN	0	.0			.0	0
58.	Aggregate Other Alien	OT	0	.0			.0	0
59.	Total		387,176	145,961	0	0	0	533,138

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group		46-2332355				1EQ Inc. (d/b/a Babyscripts)	DE	NIA	Cigna Ventures, LLC	Ownership	10.100	Cigna Corporation		
.0901	Cigna Group		00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group		82-4794800				9171 Wilshire CPI-CII LLC	DE	NIA	CPI-CII 9171 Wilshire JV LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		85-1046126				ABS Apartments Venture, L.L.C.	DE	NIA	CARING ABS Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		11-3358535				Accredo Health Group, Inc.	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		55-0894449				Accredo Health, Incorporated	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		13-3888838				AHG of New York, Inc.	NY	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		75-3040465				Airport Holdings, LLC	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		35-2562415				Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-0909305				Alegis Care Services of Colorado, LLC	CO	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		81-0400550				Allegiance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		03-0507057				Allegiance Care Management, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		71-0916514				Allegiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	12814	20-4433475				Allegiance Life & Health Insurance Company	MT	IA	Benefit Management Corp.	Ownership	95.000	Cigna Corporation		
.0901	Cigna Group		26-2201582				Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-3851464				Allegiance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		82-3315524				Arbor Heights Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		46-4080861				AristaMD, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	11.100	Cigna Corporation		
.0901	Cigna Group		86-3581583				Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Ascent Health Services LLC	DE	NIA	Cigna Spruce Holdings GmbH	Ownership	80.000	Cigna Corporation		
.0901	Cigna Group		86-1750832				ASM Apartments Venture, L.L.C.	DE	NIA	CARING St. Matthew's Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		81-0585518				Benefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		81-2650133				Berewick Apartments LLC	DE	NIA	LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group		43-1815573				Biopartners in Care, Inc.	MO	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1522976				Blodgett & Hazard Limited	GBR	NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	10095	52-2259087				Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	11524	52-2363406				Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Breakthrough Behavioral, Inc.	DE	IA	MDLive, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Breakthrough Behavioral of Texas, Inc.	TX	IA	Breakthrough Behavioral, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-1713977				Brighter, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-4918521				Buoy Health, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	12.200	Cigna Corporation		
.0901	Cigna Group		61-1162797				Care Continuum, Inc.	KY	NIA	SpectraCare Health Care Ventures, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-0954556				CareAllies Accountable Care Collaborative LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-0935554				CareAllies Accountable Care Network LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				CareAllies Accountable Care Solutions LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		26-0180898				CareAllies, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		81-2760646				CareAllies, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	10144	20-1089572				CareCore NJ, LLC	NJ	IA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		45-2681649				CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-1400586				CARING 18th & Salmon Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2562994				CARING 500 Ygnacio Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-1960231				CARING 3130 Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2318410				CARING 9171 Wilshire Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		

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

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group		85-4247420				CARING ABS Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2851501				CARING Alta Duraleigh Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2851501				CARING Alta Englewood Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-2966766				CARING Alta Leander Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2563284				CARING Alta Woodson Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-2966766				CARING Avondale Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		87-1992977				CARING Berwyn Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		32-0570889				CARING Capitol Hill GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		37-1903297				CARING Capitol Hill LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2851364				CARING Century Plaza Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-4265529				CARING Deco Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-2912145				CARING Elan I Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		87-0928526				CARING Elan II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-3701937				CARING Firestone Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				CARING JA Lofts Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				CARING JA Lofts Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2318233				CARING Heights at Bear Creek Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-1400482				CARING Hillcrest Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-4410554				CARING IBP Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-1961034				CARING Interbay Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-1984627				CARING Interbay Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2339522				CARING Mallory Square Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-4265529				CARING Montclair Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2563138				CARING Soma Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2633790				CARING Alexan Enclave Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2633886				CARING Orange Collection Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-8294933				CARING South Coast Subsidiary LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group		86-1942593				CARING St. Matthew's Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		38-4085763				CARING Westcore Holding Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		87-3646420				CARING Westcore Holding II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-3923178				CARING XR International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-4317078				CARING XR 2 International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-1843578				CGGL XR 2 International JV LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-1843578				CGGL XR 2 International Mezz LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		45-2604992				CCN MO, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		33-1039759				CCN-WNY IPA, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1332403				CG Individual Tax Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1332405				CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-2083351				CG-AQ 477 South Market Street LLC	DE	NIA	CARING Firestone Investor LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group		84-4773972				CG-LEDO IBP Venture LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-4747045				CG-LEDO IBP I LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-4755025				CG-LEDO IBP II LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		83-2993316				CG-Muller 550 Winchester, LLC	DE	NIA	CARING Century Plaza Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		45-5499889				CG Seventh Street, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation		
.0901	Cigna Group		85-0734624				CG/Wood Alta Duraleigh, LLC	DE	NIA	CARING Duraleigh Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		85-0655107				CG/Wood Alta Duraleigh Owner, LLC	DE	NIA	CARING Duraleigh Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		87-2928401				CG/Wood Alta Duraleigh Townhome, LLC	DE	NIA	CARING Duraleigh Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		82-1280312				CG/Wood Alta 601, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		85-2233381				CG/Wood Alta Leander Station, LLC	DE	NIA	CARING Alta Leander Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				CGGL Orange Collection Mezz LLC	DE	NIA	CARING Orange Collection Investor LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-1921719				CGGL XR International LLC	DE	NIA	CARING XR International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-1843578				CGGL XR 2 International LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				CGO Participatos LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation		
.0901	Cigna Group		59-3466707				Chiro Alliance Corporation	FL	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		86-2964997				C1-GS Elan Everett Phase I, LLC	DE	NIA	CARING Elan I Investor, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		86-3726159				C1-GS Elan Everett Phase II, LLC	DE	NIA	CARING Elan II Investor, LLC	Ownership	39.000	Cigna Corporation		
.0901	Cigna Group		82-4774243				C1-GS Portland, LLC	DE	NIA	CARING 18th & Salmon Investor LLC	Ownership	86.200	Cigna Corporation		
.0901	Cigna Group		82-1612980				C1-GS Hillcrest LLC	DE	NIA	CARING Hillcrest Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna & CMB Asset Management Company Limited	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	87.350	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna & CMB Health Services Company, Ltd.	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna & CMB Life Insurance Company Limited	CHN	IA	Cigna Health and Life Insurance Company	Ownership	50.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				CIGNA 2000 UK Pension LTD	GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-5402196				Cigna Affiliates Realty Investment Group, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation		

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group		00-000000				Cigna Apac Holdings, Ltd.	.BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	13733	03-0452349				Cigna Arbor Life Insurance Company	.CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		98-1181787				Cigna Beechwood Holdings	.BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna Bellevue Alpha LLC	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		02-0515554				Cigna Benefit Technology Solutions, Inc.	.DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		01-0947889		0001489070		Cigna Benefits Financing, Inc.	.DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna Brokerage & Marketing (Thailand) Limited	.THA	NIA	RHP Thailand Limited	Ownership	53.250	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna Cedar Holdings, Ltd.	.MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		98-1137759				Cigna Chestnut Holdings, Ltd.	.GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-3396038				Cigna Corporate Services, LLC	.DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		82-4991898		1739940	US	Cigna Corporation (A Delaware corporation and ultimate parent company)	.DE	UIP	Publicly Traded	Ownership	100.000	Publicly Traded		
.0901	Cigna Group		00-000000				Cigna Data Services (Shanghai) Company Limited	.CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		59-2600475				Cigna Dental Health Of California, Inc.	.CA	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	11175	59-2675861				Cigna Dental Health Of Colorado, Inc.	.CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95380	59-2676987				Cigna Dental Health Of Delaware, Inc.	.DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	52021	59-1611217				Cigna Dental Health Of Florida, Inc.	.FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1351097				Cigna Dental Health of Illinois, Inc.	.IL	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	52024	59-2625350				Cigna Dental Health Of Kansas, Inc.	.KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	52108	59-2619589				Cigna Dental Health Of Kentucky, Inc.	.KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	48119	20-2844020				Cigna Dental Health Of Maryland, Inc.	.MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	11160	06-1582068				Cigna Dental Health Of Missouri, Inc.	.MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	11167	59-2308062				Cigna Dental Health Of New Jersey, Inc.	.NJ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95179	56-1803464				Cigna Dental Health Of North Carolina, Inc.	.NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	47805	59-2579774				Cigna Dental Health Of Ohio, Inc.	.OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc.	.PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95037	59-2676977				Cigna Dental Health Of Texas, Inc.	.TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	52617	52-2188914				Cigna Dental Health Of Virginia, Inc.	.VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	47013	86-0807222				Cigna Dental Health Plan Of Arizona, Inc.	.AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		59-2308055				Cigna Dental Health, Inc.	.FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		58-1136865				Cigna Direct Marketing Company, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		98-1155943				Cigna Elmwood Holdings, SPRL	.BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna Europe Insurance Company S.A.-N.V.	.BEL	IA	Cigna Beechwood Holdings	Ownership	99.999	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna European Services (UK) Limited	.GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		62-1724116				Cigna Federal Benefits, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		51-0389196				Cigna Global Holdings, Inc.	.DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		68-0676638				Cigna Global Insurance Company Limited	.GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	99.990	Cigna Corporation		
.0901	Cigna Group		98-0210110				Cigna Global Reinsurance Company, Ltd.	.BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna Global Wellbeing Holdings Limited	.GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna Global Wellbeing Solutions Limited	.GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	67369	59-1031071				Cigna Health and Life Insurance Company	.CT	UDP	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		62-1312478				Cigna Health Corporation	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		23-1728483				Cigna Health Management, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna Health Solution India Pvt. Ltd.	.IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.900	Cigna Corporation		
.0901	Cigna Group		23-2741293				Cigna Healthcare Benefits, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-0985843				Cigna Healthcare Holdings, Inc.	.CO	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95599	52-1404350				Cigna HealthCare Mid-Atlantic, Inc.	.MD	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95125	86-0334392				Cigna HealthCare of Arizona, Inc.	.AZ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		95-3310115				Cigna HealthCare of California, Inc.	.CA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95604	84-1004500				Cigna HealthCare of Colorado, Inc.	.CO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95660	06-1141174				Cigna HealthCare of Connecticut, Inc.	.CT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		

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

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	95136	59-2089259				Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95477	01-0418220				Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95220	02-0402111				Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95121	23-2301807				Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95518	62-1230908				Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		02-0495422				Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna HLA Technology Services Company Limited	HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1059331				Cigna Holding Company	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		23-3009279				Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1072796				Cigna Holdings, Inc.	DE	UIP	Cigna Holding Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Hong Kong Holdings Company Limited	HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-1903785				Cigna Insurance Agency, LLC	CT	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Insurance Management Services (DIFC), Ltd.	ARE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Insurance Middle East S.A.L.	LBN	IA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Insurance Public Company Limited	THA	IA	KDM Thailand Limited	Ownership	75.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Insurance Services (Europe) Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		23-2924152				Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		51-0402128				Cigna Intellectual Property, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		51-0111677				Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		52-0291385				Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna International Health Services Kenya Limited	KEN	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna International Health Services Sdn. Bhd.	MYS	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna International Health Services, BVBA	BEL	NIA	Cigna Elmwood Holdings, Ltd.	Ownership	51.000	Cigna Corporation		
.0901	Cigna Group		30-0526216				Cigna International Health Services, LLC	FL	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna International Services Australia Pty Ltd.	AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		23-2610178				Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1095823				Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-0861092				Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)	KOR	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		98-1146864				Cigna Laurel Holdings, Ltd.	BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Legal Protection U.K. Ltd.	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		AA-1560515				Cigna Life Insurance Company of Canada	CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		AA-1240009				Cigna Life Insurance Company of Europe S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Life Insurance New Zealand Limited	NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-4110289				Cigna Linden Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	82.000	Cigna Corporation		

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group		98-1232512				Cigna Magnolia Holdings, Ltd.	BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		23-2741294				Cigna Managed Care Benefits Company	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		89-3374500				Cigna Management Company LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		98-1154657				Cigna Myrtle Holdings, Ltd.	MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	74.560	Cigna Corporation		
.0901	Cigna Group	61727	34-0970995				Cigna National Health Insurance Company	OH	RE	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Nederland Gamma B.V.	NLD	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna New Zealand Holdings Limited	NZL	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Oak Holdings, Ltd.	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		98-1232443				Cigna Palmetto Holdings, Ltd.	BMU	NIA	Cigna Laurel Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-4099800				Cigna Poplar Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1071502				Cigna RE Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1567902				Cigna Resource Manager, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Saglik Hayat ve Emeklilik A.S.	TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership	51.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Services Middle East FZE	ARE	NIA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Spruce Holdings GmbH	CHE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Taiwan Life Assurance Company Limited	TWN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Teak Holdings, LLC	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	TUR	NIA	Cigna Magnolia Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-1069280				Cigna Ventures, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Walnut Holdings, Ltd.	GBR	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Willow Holdings, Ltd.	GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Worldwide General Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	90859	23-2088429				Cigna Worldwide Insurance Company	DE	IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Worldwide Life Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Claims and Risk Services Limited	SAU	IA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Manipa/Cigna Health Insurance Company Limited	IND	IA	Cigna Holdings Overseas, Inc.	Ownership	49.000	TTK (non-affiliate)		
.0901	Cigna Group		84-1461840				Community Health Network, LLC	MT	NIA	Benefit Management Corp.	Ownership	50.000	Cigna Corporation		
.0901	Cigna Group		06-1252419				Connecticut General Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-0840391				Connecticut General Corporation	CT	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	62308	06-0303370		0000023419		Connecticut General Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		82-4936006				CPI-CII 9171 Wilshire JV LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		27-3555688				CR Washington Street Investors LP	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)		
.0901	Cigna Group		36-4369972				CuraScript, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		86-1305728				Deco Apartments JV LLC	DE	NIA	CARING Deco Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		86-1334095				Deco Apartments Owner LLC	DE	NIA	CARING Deco Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		16-1526641				Diversified NY IPA, Inc.	NY	NIA	Diversified Pharmaceutical Services, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		41-1627938				Diversified Pharmaceutical Services, Inc.	MN	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-3542089				Econdisc Contracting Solutions, LLC	DE	NIA	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Egyptian Emirates Administration Services SAE	EGY	NIA	NAS Neuron Health Services, L.L.C.	Ownership	64.999	Cigna Corporation		
.0901	Cigna Group		00-0000000				ESI Canada	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				ESI GP Canada ULC	CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		43-1925556				ESI GP Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				ESI GP2 Canada ULC	CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		74-2974964				ESI Mail Order Processing, Inc. (f/k/a NXI)	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group		43-1867735				ESI Mail Pharmacy Service, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		43-1925562				ESI Partnership	DE	NIA	Express Scripts, Inc. (82%); ESI-GP	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		41-2006555				ESI Resources, Inc.	MIN	NIA	Holdings, Inc. (18%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		94-3107309				Evernorth Behavioral Health of California, Inc.	CA	NIA	ESI Partnership	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		75-2751090				Evernorth Behavioral Health of Texas, Inc.	TX	NIA	Evernorth Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		41-1648670				Evernorth Behavioral Health, Inc.	MIN	NIA	Evernorth Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		86-1465626				Evernorth Care Solutions, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		32-0222252				Evernorth Direct Health, LLC	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-2732455				Evernorth Enterprise Services, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-2759151				Evernorth Sales Operations, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-2717903				Evernorth Strategic Development, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-4676347				eviCore 1, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		62-1615395				eviCore healthcare MSI, LLC	TN	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	13918	27-3175443				Express Reinsurance Company	MO	IA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		41-2063830				Express Scripts Administrators LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Express Scripts Canada Co.	CAN	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		43-1942542				Express Scripts Canada Holding Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-1490640				Express Scripts Canada Holding, LLC	DE	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Express Scripts Canada Services	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Express Scripts Canada Wholesale	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-5003423				Express Scripts Health Information Network Partners, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		45-2884094				Evernorth Health, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-5826948				Express Scripts Pharmaceutical Procurement, LLC	DE	NIA	ESI Mail Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Express Scripts Pharmacy Atlantic, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Express Scripts Pharmacy Central, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Express Scripts Pharmacy Ontario, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Express Scripts Pharmacy West, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		30-0789911				Express Scripts Pharmacy, Inc.	DE	NIA	Medco Health Services, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		22-3114423				Express Scripts Sales Operations, Inc.	NJ	NIA	ESI Mail Pharmacy Service, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-3126104				Express Scripts Senior Care Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-3126075				Express Scripts Senior Care, Inc.	DE	NIA	Express Scripts Senior Care Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		43-1832983				Express Scripts Services Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		43-1869712				Express Scripts Specialty Distribution Services, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		22-2230703				Express Scripts Strategic Development, Inc.	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		43-1869714				Express Scripts Utilization Management Company	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		43-1420563				Express Scripts, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				FirstAssist Administration Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		23-1914061				Former Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		02-0523249				Freco, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-3229217				Freedom Service Company, LLC	FL	NIA	Lynnfield Drug, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Gillette Ridge Community Council, Inc.	CT	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-3700105				Gillette Ridge Golf, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	95388	93-1174749				Great-West Healthcare of Illinois, Inc.	IL	NIA	Cigna Healthcare Holdings, Inc. Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				GRG Acquisitions LLC	DE	NIA		Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Grown Ups New Zealand Limited	NZL	NIA	Cigna Life Insurance New Zealand Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		76-0657035				GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation		
.0901	Cigna Group		87-3650143				Hartford Community Lender Holding LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		87-3686301				Hartford Community Lender I LLC	DE	NIA	Hartford Community Lender Holding LLC Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		52-2149519				Hazard Center Investment Company LLC	DE	NIA		Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		04-2992335				Healthbridge Reimbursement & Product Support, Inc.	MA	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		26-2159005				Healthbridge, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-2086778				Health-Lynx, LLC	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1533555				Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		02-0467679				Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		02-0387748		0000855587		Healthsource, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	12902	20-8534298				HealthSpring Life & Health Insurance Company, Inc.	TX	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-8647386				HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	11532	65-1129599				HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		26-2353772				HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		26-2353476				HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		72-1559530				HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-1821898		0001339553		HealthSpring, Inc.	DE	NIA	Connecticut General Corporation Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		81-4139432				Heights at Bear Creek Venture LLC	DE	NIA		Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		20-4266628				Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		75-3108521				HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		37-1708015				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation		
.0901	Cigna Group		95-4838551				Ideal Properties II LLC	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group		35-2041388				IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Independent Health Information Technology Services L.L.C.	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	Cigna Corporation		
.0901	Cigna Group		82-1655179				Innovative Product Alignment, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		82-0658250				Inside RX, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		81-0425785				Intermountain Underwriters, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				International Pharmaceutical Solutions, GmbH	CHE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-3406799				JA Lofts Holdings, LLC	DE	NIA	JA Lofts JV Limited Partnership	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-3395923				JA Lofts JV Limited Partnership	DE	NIA	CARING JA Lofts Investor LP LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Kuwait Emirates Administration Services WLL	KWT	NIA	NAS Administrative Services Company LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				KDM (Thailand) Limited	THA	NIA	RHP Thailand Limited	Ownership	99.900	Cigna Corporation		
.0901	Cigna Group		20-8064696				Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		47-5292506				L&C Investments, LLC	DE	NIA	Express Scripts, Inc. Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		47-4375626				Lakehills CM-CG LLC	DE	NIA		Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				LINA Financial Service	KOR	NIA	Cigna Korea Chusik Heosa	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				LINA Life Insurance Company of Korea	KOR	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		58-2593075				Lynnfield Compounding Center, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		04-3546044				Lynnfield Drug, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-1506930				MAH Pharmacy, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group		80-0908244				Mallory Square Partners I, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation		
.0901	Cigna Group		88-0241365				Managed Care Consultants, Inc.	NV	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		51-0500147				Matrix GPO, LLC	IN	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		59-3720653				Matrix Healthcare Services, Inc.	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1346406				MCC Independent Practice Association of New York, Inc.	NY	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		45-4937055				MDLive, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	97.230	Cigna Corporation		
.0901	Cigna Group		00-0000000				MDLive LLC	DE	NIA	MDLive, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				MDLivevisit, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				MDLive Provider Services, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	34720	13-3506395				Medco Containment Insurance Company of NY	NY	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	63762	42-1425239				Medco Containment Life Insurance Company	PA	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-3709630				Medco Europe II, LLC	DE	NIA	Medco Europe, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-2166374				Medco Europe, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-5017653				Medco Health Information Network Partners, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		81-0616525				Medco Health Puerto Rico, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		26-3544786				Medco Health Services, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		22-3461740				Medco Health Solutions, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		88-0334401				Mediversal, Inc.	NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-3801345				MedSolutions Holdings, Inc.	DE	NIA	eviCore 1, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		87-2810715				Montclair 11 Pine Operating Company LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		87-2810715				Montclair 11 Pine Urban Renewal LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		87-2772585				Montclair Residences JV LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		32-0071543				MSI Health Organization of Texas, Inc.	TX	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-5492993				MSI HT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-5493148				MSI LT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-5493321				MSI SAR-GW, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		86-1090522				MSIAZ I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-1749733				MSICA I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-1222347				MSICO I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		55-0840800				MSIFL, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		26-0181185				MSIMD I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		74-3122235				MSINC I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		11-3715243				MSINH II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		03-0524694				MSINH, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-1749446				MSINU I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-1761914				MSINW I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		55-0840806				MSISC II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		26-0336736				MSIVT I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-2536458				MSIWA, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		36-4833284				MyM Technology Services, LLC	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		82-1350878				myMatrixx Holdings, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-2589799				myMatrixx-B, LLC	FL	NIA	Matrix Healthcare Services, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				NAS Administrative Services Company LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				NAS Neuron Health Services, L.L.C.	ARE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	34.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				NAS United SPV	CYM	NIA	NAS Neuron Health Services, L.L.C.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Neuron LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	Cigna Corporation		
.0901	Cigna Group		52-1929677				NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		33-1033586				NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-4954206				NewQuest Management of Florida, LLC	FL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		77-0632665				NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		45-0633893				NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0901	Cigna Group		76-0628370				NewQuest, LLC	TX	NIA	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		82-5244890				Octave Health Group, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	10.100	Cigna Corporation		
.0901	Cigna Group		91-1599329				Olympic Health Management Services, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		91-1500758				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				OnePath Life (NZ) Limited	NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		80-0818758				Patient Provider Alliance, Inc.	DE	NIA	Brighter, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		35-1927379				Priority Healthcare Corporation	IN	NIA	CuraScript, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		59-3761140				Priority Healthcare Distribution, Inc.	FL	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	67903	23-1335885				Provident American Life & Health Insurance Company	OH	DS	Cigna National Health Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				PT GAR Indonesia	IDN	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation		
.0901	Cigna Group		AA-5360003				PT Asuransi Cigna	IDN	IA	Cigna Worldwide Insurance Company	Ownership	99.999	Cigna Corporation		
.0901	Cigna Group		45-5046449				PUR Arbors Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation		
.0901	Cigna Group		46-1801639				QualCare Management Resources Limited Liability Company	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Qualient Pharmaceuticals Holdings LP	CYM	NIA	Cigna Spruce Holdings GmbH	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Qualient Pharmaceuticals Health LLC	CYM	NIA	Qualient Pharmaceuticals Holdings LP	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		45-5569416				QPID Health, LLC	DE	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				RHP (Thailand) Limited	THA	NIA	Cigna Apac Holdings, Ltd.	Ownership	49.000	Cigna Corporation		
.0901	Cigna Group		83-1460134				Rise-CG Capitol Hill, LP	DE	NIA	CARING Capitol Hill LP LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3254168				Rise-CG JA Lofts Limited Partnership	DE	NIA	JA Lofts Holdings, LLC (.5%); JA Lofts JV Limited Partnership (99.5%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		35-1641636				Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-3593103				SB-SNH LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group		95-2876207				Secon Properties, LP	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)		
.0901	Cigna Group		82-1732483				SOMA Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		82-4405071				Specialty Products Acquisitions, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		61-1317695				SpectraCare Health Care Ventures, Inc.	KY	NIA	SpectraCare, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		61-1147068				SpectraCare, Inc.	KY	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	77399	13-1867829				Sterling Life Insurance Company	IL	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		47-2658932				Strategic Pharmaceutical Investments, LLC	DE	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				SureScripts, LLC	VA	NIA	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership	33.400	Cigna Corporation		
.0901	Cigna Group		87-0903685				Swedesford Road Apartments, LLC	DE	NIA	CARING Berwyn Investor LLC	Ownership	68.600	Cigna Corporation		
.0901	Cigna Group		22-3474888				Systemed, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		23-3074013				Tel-Drug of Pennsylvania, LLC	PA	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-0427127				Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Temple Insurance Company Limited	BMU	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-5524622				Tennessee Quest, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		75-3108527				TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-1955731				The Flats at Interbay Holdings, LLC	DE	NIA	The Flats at Interbay JV Limited Partnership	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-1955075				The Flats at Interbay JV Limited Partnership	DE	NIA	CARING Interbay Investor LP LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		85-1962013				The Flats at Interbay Limited Partnership	DE	NIA	The Flats at Interbay JV Limited Partnership	Ownership	99.500	Cigna Corporation		
.0901	Cigna Group		46-5264463				Trainer Rx, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	19.400	Cigna Corporation		
.0901	Cigna Group		00-0000000				Transwestern Federal, L.L.C.	DE	NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation		

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group		00-0000000				Transwestern Federal Holdings, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	7.616	Cigna Corporation		
.0901	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	OH	IA	Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		88-0344624				Universal Claims Administration	NV	NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		98-0463704				Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Verity Solutions Group, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Westcore CG AC, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Camelback, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Cedar Port, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Westcore CG Commerce, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Dove Valley I, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Dove Valley II, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Fountain Lakes, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Gateway, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG I-35, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Mezz, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Navy, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Potomac Park, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Solano, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Susana, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Westcore CG Venture, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		87-3624928				Westcore CG Venture II, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		87-3624928				Westcore CG II AC, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		87-3624928				Westcore CG II Park 225, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		85-3567364				Westcore Realty CG Avondale, LLC	DE	NIA	CARING Avondale Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Willow DSP LLC	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				YCFM Servicios LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	35.320	Cigna Corporation		

Asterisk	Explanation

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	46-2332355	1EQ Inc. (d/b/a Babyscripts)	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	680 Investors LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	685 New Hampshire LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	82-4794800	9171 Wilshire CPI-CII LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-1046126	ABS Apartments Venture, L.L.C.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	11-3358535	Accredo Health Group, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	55-0894449	Accredo Health, Incorporated	.0	.0	.0	.0	.0	.0		.0	.0	.0
	13-3888838	AHG of New York, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	75-3040465	Airport Holdings, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	35-2562415	Alegis Care Services, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-0909305	Alegis Care Services of Colorado, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	81-0400550	Allegiance Benefit Plan Management, Inc.	.0	.0	.0	.0	14,483,677	.0		.0	14,483,677	.0
	03-0507057	Allegiance Care Management, LLC	.0	.0	.0	.0	86,979	.0		.0	86,979	.0
	71-0916514	Allegiance COBRA Services, Inc.	.0	.0	.0	.0	570	.0		.0	570	.0
12814	20-4433475	Allegiance Life & Health Insurance Company	.0	.0	.0	.0	(2,620,034)	(75,513)		.0	(2,695,547)	63,459
	26-2201582	Allegiance Provider Direct, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	20-3851464	Allegiance Re, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
88366	59-2760189	American Retirement Life Insurance Company	.0	(30,000,000)	.0	.0	(19,474,183)	.0		.0	(49,474,183)	.0
	82-3315524	Arbor Heights Venture LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	46-4080861	AristaMD, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	86-3581583	Arizona Health Plan, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Ascent Health Services LLC	.0	.0	.0	.0	(355,124)	.0		.0	(355,124)	.0
	86-1750832	ASM Apartments Venture, L.L.C.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	81-0585518	Benefit Management Corp.	(10,000,000)	.0	.0	.0	.0	.0		.0	(10,000,000)	.0
	81-2650133	Berewick Apartments LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	43-1815573	Biopartners in Care, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	06-1522976	Blodget & Hazard Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.	.0	15,000,000	.0	.0	(23,636,365)	.0		.0	(8,636,365)	.0
11524	52-2363406	Bravo Health Pennsylvania, Inc.	.0	.0	.0	.0	(113,777,153)	.0		.0	(113,777,153)	.0
	00-0000000	Breakthrough Behavioral, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Breakthrough Behavioral of Texas, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	27-1713977	Brighter, Inc.	.0	.0	.0	.0	5,096,467	.0		.0	5,096,467	.0
	46-4918521	Buoy Health, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	61-1162797	Care Continuum, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-0954556	CareAllies Accountable Care Collaborative LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-0935554	CareAllies Accountable Care Network LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	CareAllies Accountable Care Solutions LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	26-0180898	CareAllies, Inc.	(10,000,000)	.0	.0	.0	(13,518)	.0		.0	(10,013,518)	.0
	81-2760646	CareAllies, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
10144	20-1089572	CareCore NJ, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	45-2681649	CarePlexus, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-1400586	CARING 18th & Salmon Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-2562994	CARING 500 Ygnacio Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-1960231	CARING 3130 Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-2318410	CARING 9171 Wilshire Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-4247420	CARING ABS Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-2851501	CARING Alta Duraleigh Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-2851501	CARING Alta Englewood Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-2966766	CARING Alta Leander Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-2563284	CARING Alta Woodson Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-2966766	CARING Avondale Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	87-1992977	CARING Berwyn Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	32-0570889	CARING Capitol Hill GP LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	37-1903297	CARING Capitol Hill LP LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-2851364	CARING Century Plaza Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-4265529	CARING Deco Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-2912145	CARING Elan I Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	87-0928526	CARING Elan II Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-3701937	CARING Firestone Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	CARING JA Lofts Investor LP LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	CARING JA Lofts Investor GP LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-2318233	CARING Heights at Bear Creek Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-1400482	CARING Hillcrest Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-4410554	CARING IBP Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-1961034	CARING Interbay Investor GP LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-1984627	CARING Interbay Investor LP LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-2339522	CARING Mallory Square Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-4265529	CARING Montclair Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-2563138	CARING Soma Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-2633790	CARING Alexan Enclave Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-2633886	CARING Orange Collection Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-8294933	CARING South Coast Subsidiary LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	86-1942593	CARING St. Matthew's Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	38-4085763	CARING Westcore Holding Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	87-3646420	CARING Westcore Holding II Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-3923178	CARING XR International Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-4317078	CARING XR 2 International Investor LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-1843578	CGGL XR 2 International JV LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-1843578	CGGL XR 2 International Mezz LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	45-2604992	CCN NMO, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	33-1039759	CCN-WNY IPA, LLC	.0	.0	.0	.0	.0	(7,788)		.0	(7,788)	.0
	34-1970892	Ceres Sales of Ohio, LLC	.0	.0	.0	.0	.0	(6,569)		.0	(6,569)	.0
	06-1332403	CG Individual Tax Benefit Payments, Inc.	.0	.0	.0	.0	.0	(391)		.0	(391)	.0
			.0	.0	.0	.0	.0	.0		.0	.0	.0

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	06-1332405	CG Life Pension Benefits Payments, Inc.	0	0	0	0	0	0		0	0	0
	06-1332401	CG LINA Pension Benefits Payments, Inc.	0	0	0	0	0	0		0	0	0
	84-2083351	CG-AQ 477 South Market Street LLC	0	0	0	0	0	0		0	0	0
	84-4773972	CG-LEDO IBP Venture LLC	0	0	0	0	0	0		0	0	0
	84-4747045	CG-LEDO IBP I LLC	0	0	0	0	0	0		0	0	0
	84-4755025	CG-LEDO IBP II LLC	0	0	0	0	0	0		0	0	0
	83-2993316	CG-Muller 550 Winchester, LLC	0	0	0	0	0	0		0	0	0
	45-5499889	CG Seventh Street, LLC	0	0	0	0	0	0		0	0	0
	85-0734624	CG/Wood Alta Duraleigh, LLC	0	0	0	0	0	0		0	0	0
	85-0655107	CG/Wood Alta Duraleigh Owner, LLC	0	0	0	0	0	0		0	0	0
	87-2928401	CG/Wood Alta Duraleigh Townhome, LLC	0	0	0	0	0	0		0	0	0
	82-1280312	CG/Wood Alta 601, LLC	0	0	0	0	0	0		0	0	0
	85-2233381	CG/Wood Alta Leander Station, LLC	0	0	0	0	0	0		0	0	0
	81-3313562	CGGL City Parkway LLC	0	0	0	0	0	0		0	0	0
	61-1797835	CGGL Orange Collection LLC	0	0	0	0	0	0		0	0	0
	00-0000000	CGGL Orange Collection Mezz LLC	0	0	0	0	0	0		0	0	0
	84-1921719	CGGL XR International LLC	0	0	0	0	0	0		0	0	0
	84-1843578	CGGL XR 2 International LLC	0	0	0	0	0	0		0	0	0
	00-0000000	CGO Participatos LTDA	0	0	0	0	0	0		0	0	0
	59-3466707	Chiro Alliance Corporation	0	0	0	0	0	0		0	0	0
	81-3389374	CIG-LEI Ygnacio Associates LLC	0	0	0	0	0	0		0	0	0
	86-2964997	CI-GS Elan Everett Phase I, LLC	0	0	0	0	0	0		0	0	0
	86-3726159	CI-GS Elan Everett Phase II, LLC	0	0	0	0	0	0		0	0	0
	82-4774243	CI-GS Portland, LLC	0	0	0	0	0	0		0	0	0
	82-1612980	CI-GS Hillcrest LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna & CMB Asset Management Company Limited	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna & CMB Health Services Company, Ltd.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna & CMB Life Insurance Company Limited	(19,247,233)	86,776,604	0	0	0	0		0	67,529,371	0
	00-0000000	CIGNA 2000 UK Pension LTD	0	0	0	0	0	0		0	0	0
	27-5402196	Cigna Affiliates Realty Investment Group, LLC	0	27,019,004	0	0	0	0		0	27,019,004	0
	00-0000000	Cigna Alder Holdings, LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Apac Holdings, Ltd.	0	0	0	0	0	0		0	0	0
13733	03-0452349	Cigna Arbor Life Insurance Company	0	500,000	0	0	(3,352)	0		0	496,648	0
	98-1181787	Cigna Beechwood Holdings	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Bellevue Alpha LLC	0	0	0	0	0	0		0	0	0
	02-0515554	Cigna Benefit Technology Solutions, Inc.	0	0	0	0	0	0		0	0	0
	01-0947889	Cigna Benefits Financing, Inc.	0	0	0	0	1,245,924	0		0	1,245,924	0
	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Cedar Holdings, Ltd.	0	0	0	0	0	0		0	0	0

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	98-1137759	Cigna Chestnut Holdings, Ltd.	0	0	0	0	0	0		0	0	0
	27-3396038	Cigna Corporate Services, LLC	0	0	0	0	0	0		0	0	0
	82-4991898	Cigna Corporation (A Delaware corporation and ultimate parent company)	2,751,000,000	0	0	0	0	0		0	2,751,000,000	0
	00-0000000	Cigna Data Services (Shanghai) Company Limited	0	0	0	0	0	0		0	0	0
	59-2600475	Cigna Dental Health Of California, Inc.	(13,000,000)	0	0	0	757,187	0		0	(12,242,813)	0
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,000,000)	0	0	0	(1,030,579)	0		0	(3,030,579)	0
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.	0	0	0	0	(17,587)	0		0	(17,587)	0
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(7,000,000)	0	0	0	(4,218,546)	0		0	(11,218,546)	0
	06-1351097	Cigna Dental Health of Illinois, Inc.	0	0	0	0	0	0		0	0	0
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(250,000)	0	0	0	(218,680)	0		0	(468,680)	0
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(3,000,000)	0	0	0	(1,248,294)	0		0	(4,248,294)	0
48119	20-2844020	Cigna Dental Health Of Maryland, Inc.	(2,750,000)	0	0	0	(1,038,381)	0		0	(3,788,381)	0
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,200,000)	0	0	0	(541,091)	0		0	(1,741,091)	0
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,189,000)	0	0	0	(1,760,923)	0		0	(2,949,923)	0
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.	0	0	0	0	(723,113)	0		0	(723,113)	0
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(2,500,000)	0	0	0	(994,312)	0		0	(3,494,312)	0
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.	0	0	0	0	0	0		0	0	0
			(1,900,000)	0	0	0	(735,138)	0		0	(2,635,138)	0
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(9,000,000)	0	0	0	(4,861,215)	0		0	(13,861,215)	0
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,275,000)	0	0	0	(685,912)	0		0	(1,960,912)	0
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.	0	0	0	0	0	0		0	0	0
	59-2308055	Cigna Dental Health, Inc.	(4,100,000)	0	0	0	997,877	0		0	(3,102,123)	0
	58-1136865	Cigna Direct Marketing Company, Inc.	0	0	0	0	30,717,715	0		0	15,881,715	0
	98-1155943	Cigna Elmwood Holdings, SPRL	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna European Services (UK) Limited	0	0	0	0	0	0		0	0	0
	62-1724116	Cigna Federal Benefits, Inc.	0	0	0	0	0	0		0	0	0
	51-0389196	Cigna Global Holdings, Inc.	(125,658,651)	140,200,000	0	0	(2,974)	0		0	14,538,375	0
	68-0676638	Cigna Global Insurance Company Limited	0	0	0	0	0	(2,872,369)		0	(2,872,369)	0
	98-0210110	Cigna Global Reinsurance Company, Ltd.	(9,951,000)	0	0	0	(44,833)	(34,390,801)		0	(44,386,634)	(112,104,769)
	00-0000000	Cigna Global Wellbeing Holdings Limited	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Global Wellbeing Solutions Limited	0	14,878,125	0	0	0	0		0	14,878,125	0
67369	59-1031071	Cigna Health and Life Insurance Company	(2,416,541,714)	(32,932,903)	0	0	179,323,782	46,099,615		0	(2,224,051,220)	74,029,664
	62-1312478	Cigna Health Corporation	(104,000,000)	0	0	0	73,675,384	0		0	(30,324,616)	0
	23-1728483	Cigna Health Management, Inc.	0	0	0	0	31,866,134	0		0	31,866,134	0
	00-0000000	Cigna Health Solution India Pvt. Ltd.	0	0	0	0	0	0		0	0	0
	23-2741293	Cigna Healthcare Benefits, Inc.	0	0	0	0	0	0		0	0	0
	84-0985843	Cigna Healthcare Holdings, Inc.	0	0	0	0	0	0		0	0	0
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.	0	0	0	0	0	0		0	0	0
95125	86-0334392	Cigna HealthCare of Arizona, Inc.	0	55,000,000	0	0	(21,810,391)	(161,470)		0	33,028,139	1,446,088

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	95-3310115	Cigna HealthCare of California, Inc.	115,000,000	.0	.0	.0	(31,264,931)	(3,873,957)		.0	79,861,112	9,760,444
95604	84-1004500	Cigna HealthCare of Colorado, Inc.	.0	8,000,000	.0	(184,375)	(5,458,751)	(57,980)		.0	2,298,894	36,222
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.	.0	.0	.0	.0	(504,246)	(1,180)		.0	(505,426)	737
95136	59-2089259	Cigna HealthCare of Florida, Inc.	.0	.0	.0	.0	(302,854)	(105,020)		.0	(407,874)	65,610
96229	58-1641057	Cigna HealthCare of Georgia, Inc.	.0	80,000,000	.0	(28,750)	(47,078,135)	(32,996)		.0	32,860,119	32,037
95602	36-3385638	Cigna HealthCare of Illinois, Inc.	.0	.0	.0	.0	(9,575,284)	(861,132)		.0	(10,436,416)	1,667,959
95525	35-1679172	Cigna HealthCare of Indiana, Inc.	.0	.0	.0	.0	(8,779)	(1,360)		.0	(10,139)	850
95477	01-0418220	Cigna HealthCare of Maine, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.	.0	.0	.0	.0	(9,686)	.0		.0	(9,686)	.0
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.	.0	.0	.0	.0	(59,434)	(18,060)		.0	(77,494)	11,283
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.	.0	45,000,000	.0	.0	(45,703,210)	(3,523,071)		.0	(4,226,281)	3,175,435
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.	.0	5,000,000	.0	.0	(10,785,098)	(4,380)		.0	(5,789,478)	2,736
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.	.0	3,000,000	.0	.0	(4,641,382)	(46,580)		.0	(1,687,962)	29,100
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.	.0	.0	.0	.0	(1,994,406)	.0		.0	(1,994,406)	428,260
95383	74-2767437	Cigna HealthCare of Texas, Inc.	(15,000,000)	.0	.0	.0	(4,108,008)	(149,259)		.0	(19,257,267)	887,745
95518	62-1230908	Cigna HealthCare of Utah, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	02-0495422	Cigna Healthcare, Inc.	.0	.0	.0	.0	25,983	.0		.0	25,983	.0
	00-0000000	Cigna HLA Technology Services Company Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
	06-1059331	Cigna Holding Company	135,609,651	(800,000,000)	.0	213,125	(8,381)	.0		.0	(664,185,605)	.0
	23-3009279	Cigna Holdings Overseas, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	06-1072796	Cigna Holdings, Inc.	.0	(421,700,000)	.0	.0	(20,778)	.0		.0	(421,720,778)	.0
	00-0000000	Cigna Hong Kong Holdings Company Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
	27-1903785	Cigna Insurance Agency, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Cigna Insurance Management Services (DIFC), Ltd.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Cigna Insurance Middle East S.A.L.	.0	.0	.0	.0	4,692,032	.0		.0	4,692,032	.0
	00-0000000	Cigna Insurance Public Company Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Cigna Insurance Services (Europe) Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
	23-2924152	Cigna Integratedcare, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	51-0402128	Cigna Intellectual Property, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	51-0111677	Cigna International Corporation, Inc.	.0	.0	.0	.0	(7,355,064)	.0		.0	(7,355,064)	.0
	52-0291385	Cigna International Finance, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Cigna International Health Services Kenya Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Cigna International Health Services Sdn. Bhd.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Cigna International Health Services, BVBA	.0	.0	.0	.0	.0	.0		.0	.0	.0
	30-0526216	Cigna International Health Services, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-0000000	Cigna International Marketing (Thailand) Limited	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna International Services Australia Pty Ltd.	0	0	0	0	0	0		0	0	0
	23-2610178	Cigna International Services, Inc.	0	0	0	0	0	0		0	0	0
	06-1095823	Cigna Investment Group, Inc.	0	0	0	0	(1,474)	0		0	(1,474)	0
	06-0861092	Cigna Investments, Inc.	0	0	0	0	42,756,575	0		0	42,756,575	0
	00-0000000	Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)	0	0	0	0	0	0		0	0	0
	98-1146864	Cigna Laurel Holdings, Ltd.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Legal Protection U.K. Ltd.	0	0	0	0	0	0		0	0	0
	AA-1560515	Cigna Life Insurance Company of Canada	0	0	0	0	(5,533,063)	0		0	(5,533,063)	0
	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.	0	0	0	0	737,104	0		0	737,104	0
	00-0000000	Cigna Life Insurance New Zealand Limited	0	0	0	0	0	0		0	0	0
	46-4110289	Cigna Linden Holdings, Inc.	0	0	0	0	0	0		0	0	0
	98-1232512	Cigna Magnolia Holdings, Ltd.	0	0	0	0	0	0		0	0	0
	23-2741294	Cigna Managed Care Benefits Company	0	0	0	0	23,852,335	0		0	23,852,335	0
	89-3374500	Cigna Management Company LLC	0	0	0	0	0	0		0	0	0
	98-1154657	Cigna Myrtle Holdings, Ltd.	0	0	0	0	0	0		0	0	0
61727	34-0970995	Cigna National Health Insurance Company	0	0	0	0	(6,643,889)	0		0	(6,643,889)	0
	00-0000000	Cigna Nederland Gamma B.V.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna New Zealand Holdings Limited	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Oak Holdings, Ltd.	0	0	0	0	0	0		0	0	0
	98-1232443	Cigna Palmetto Holdings, Ltd.	0	0	0	0	0	0		0	0	0
	46-4099800	Cigna Poplar Holdings, Inc.	0	0	0	0	0	0		0	0	0
	06-1071502	Cigna RE Corporation	0	0	0	0	0	0		0	0	0
	06-1567902	Cigna Resource Manager, Inc.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Saglik Hayat ve Emeklilik A.S.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Services Middle East FZE	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Spruce Holdings GmbH	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Taiwan Life Assurance Company Limited	0	0	0	0	0	0		0	0	2,383,992
	00-0000000	Cigna Teak Holdings, LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	0	0	0	0	0	0		0	0	0
	83-1069280	Cigna Ventures, LLC	(35,000,000)	93,044,208	0	0	0	0		0	58,044,208	0
	00-0000000	Cigna Walnut Holdings, Ltd.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Willow Holdings, Ltd.	0	0	0	0	0	0		0	0	0
	00-0000000	Cigna Worldwide General Insurance Company Limited	0	0	0	0	0	0		0	0	0
90859	23-2088429	Cigna Worldwide Insurance Company	0	0	0	0	141,909	0		0	141,909	6,162,940

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-000000	Cigna Worldwide Life Insurance Company Limited	0	0	0	0	0	0		0	0	0
	00-000000	Claims and Risk Services Limited	0	0	0	0	0	0		0	0	0
	00-000000	ManipalCigna Health Insurance Company Limited	0	0	0	0	0	0		0	0	0
	84-1461840	Community Health Network, LLC	0	0	0	0	0	0		0	0	0
	06-1252419	Connecticut General Benefit Payments, Inc.	0	0	0	0	0	0		0	0	0
	06-0840391	Connecticut General Corporation	61,000,000	757,097,932	0	0	0	0		0	818,097,932	0
62308	06-0303370	Connecticut General Life Insurance Company	(50,000,000)	4,999,446	0	0	(13,584,371)	75,513		0	(58,509,412)	(63,459)
	82-4936006	CPI-CII 9171 Wilshire JV LLC	0	0	0	0	0	0		0	0	0
	27-3555688	CR Washington Street Investors LP	0	0	0	0	0	0		0	0	0
	36-4369972	CuraScript, Inc.	0	0	0	0	0	0		0	0	0
	86-1305728	Deco Apartments JV LLC	0	0	0	0	0	0		0	0	0
	86-1334095	Deco Apartments Owner LLC	0	0	0	0	0	0		0	0	0
	16-1526641	Diversified NY IPA, Inc.	0	0	0	0	0	0		0	0	0
	41-1627938	Diversified Pharmaceutical Services, Inc.	0	0	0	0	0	0		0	0	0
	27-3542089	Econdisc Contracting Solutions, LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Egyptian Emirates Administration Services SAE	0	0	0	0	0	0		0	0	0
	00-0000000	ESI Canada	0	0	0	0	0	0		0	0	0
	00-0000000	ESI GP Canada ULC	0	0	0	0	0	0		0	0	0
	43-1925556	ESI GP Holdings, Inc.	0	0	0	0	0	0		0	0	0
	00-0000000	ESI GP2 Canada ULC	0	0	0	0	0	0		0	0	0
	74-2974964	ESI Mail Order Processing, Inc. (f/k/a NXI)	0	0	0	0	0	0		0	0	0
	43-1867735	ESI Mail Pharmacy Service, Inc.	0	0	0	0	0	0		0	0	0
	43-1925562	ESI Partnership	0	0	0	0	0	0		0	0	0
	41-2006555	ESI Resources, Inc.	0	0	0	0	0	0		0	0	0
	94-3107309	Evernorth Behavioral Health of California, Inc.	0	0	0	0	(52,095)	0		0	(52,095)	0
	75-2751090	Evernorth Behavioral Health of Texas, Inc.	0	0	0	0	(173,017)	0		0	(173,017)	0
	41-1648670	Evernorth Behavioral Health, Inc.	(29,000,000)	0	0	0	(396,059,713)	0		0	(425,059,713)	0
	86-1465626	Evernorth Care Solutions, Inc.	0	0	0	0	0	0		0	0	0
	32-0222252	Evernorth Direct Health, LLC	0	0	0	0	(7,424)	0		0	(7,424)	0
	85-2732455	Evernorth Enterprise Services, Inc.	0	0	0	0	0	0		0	0	0
	85-2759151	Evernorth Sales Operations, Inc.	0	0	0	0	0	0		0	0	0
	85-2717903	Evernorth Strategic Development, Inc.	0	0	0	0	0	0		0	0	0
	46-4676347	eviCore 1, LLC	0	0	0	0	0	0		0	0	0
	62-1615395	eviCore healthcare MSI, LLC	0	0	0	0	(17,099)	0		0	(17,099)	0
13918	27-3175443	Express Reinsurance Company	0	0	0	0	0	0		0	0	0

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	41-2063830	Express Scripts Administrators LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Express Scripts Canada Co.	0	0	0	0	0	0		0	0	0
	43-1942542	Express Scripts Canada Holding Co.	0	0	0	0	0	0		0	0	0
	27-1490640	Express Scripts Canada Holding, LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Express Scripts Canada Services	0	0	0	0	0	0		0	0	0
	00-0000000	Express Scripts Canada Wholesale	0	0	0	0	0	0		0	0	0
	84-5003423	Express Scripts Health Information Network Partners, Inc.	0	0	0	0	0	0		0	0	0
	45-2884094	Evernorth Health, Inc.	0	0	0	0	(498,961)	0		0	(498,961)	0
	20-5826948	Express Scripts Pharmaceutical Procurement, LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Express Scripts Pharmacy Atlantic, Ltd.	0	0	0	0	0	0		0	0	0
	00-0000000	Express Scripts Pharmacy Central, Ltd.	0	0	0	0	0	0		0	0	0
	00-0000000	Express Scripts Pharmacy Ontario, Ltd.	0	0	0	0	0	0		0	0	0
	00-0000000	Express Scripts Pharmacy West, Ltd.	0	0	0	0	0	0		0	0	0
	30-0789911	Express Scripts Pharmacy, Inc.	0	0	0	0	0	0		0	0	0
	22-3114423	Express Scripts Sales Operations, Inc.	0	0	0	0	0	0		0	0	0
	20-3126104	Express Scripts Senior Care Holdings, Inc.	0	0	0	0	0	0		0	0	0
	20-3126075	Express Scripts Senior Care, Inc.	0	0	0	0	0	0		0	0	0
	43-1832983	Express Scripts Services Co.	0	0	0	0	0	0		0	0	0
	43-1869712	Express Scripts Specialty Distribution Services, Inc.	0	0	0	0	0	0		0	0	0
	22-2230703	Express Scripts Strategic Development, Inc.	0	0	0	0	0	0		0	0	0
	43-1869714	Express Scripts Utilization Management Company	0	0	0	0	0	0		0	0	0
	43-1420563	Express Scripts, Inc.	0	0	0	0	146,897,802	0		0	146,897,802	0
	00-0000000	FirstAssist Administration Limited	0	0	0	0	0	0		0	0	0
	23-1914061	Former Cigna Investments, Inc.	0	0	0	0	(65,288)	0		0	(65,288)	0
	02-0523249	Freco, Inc.	0	0	0	0	0	0		0	0	0
	20-3229217	Freedom Service Company, LLC	0	0	0	0	0	0		0	0	0
	00-0000000	Gillette Ridge Community Council, Inc.	0	0	0	0	0	0		0	0	0
	20-3700105	Gillette Ridge Golf, LLC	0	0	0	0	0	0		0	0	0
95388	93-1174749	Great-West Healthcare of Illinois, Inc.	0	0	0	0	0	0		0	0	0
	00-0000000	GRG Acquisitions LLC	0	(93,469)	0	0	0	0		0	(93,469)	0
	00-0000000	Grown Ups New Zealand Limited	0	0	0	0	0	0		0	0	0
	76-0657035	GulfQuest, LP	3,000,000	0	0	0	425,063,496	0		0	428,063,496	0
	87-3650143	Hartford Community Lender Holding LLC	0	0	0	0	0	0		0	0	0
	87-3686301	Hartford Community Lender I LLC	0	0	0	0	0	0		0	0	0
	52-2149519	Hazard Center Investment Company LLC	0	0	0	0	0	0		0	0	0
	04-2992335	Healthbridge Reimbursement & Product Support, Inc.	0	0	0	0	0	0		0	0	0
	26-2159005	Healthbridge, Inc.	0	0	0	0	0	0		0	0	0

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	46-2086778	Health-Lynx, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	06-1533555	Healthsource Benefits, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	02-0467679	Healthsource Properties, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	02-0387748	Healthsource, Inc.	(100,000,000)	.0	.0	.0	.0	.0		.0	(100,000,000)	.0
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.	79,000,000	.0	.0	.0	(753,233,064)	.0		.0	(674,233,064)	.0
	20-8647386	HealthSpring Management of America, LLC	.0	.0	.0	.0	153,209,750	.0		.0	153,209,750	.0
11532	65-1129599	HealthSpring of Florida, Inc.	13,000,000	.0	.0	.0	(109,195,474)	.0		.0	(96,195,474)	.0
	26-2353772	HealthSpring Pharmacy of Tennessee, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	26-2353476	HealthSpring Pharmacy Services, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	72-1559530	HealthSpring USA, LLC	.0	.0	.0	.0	191,343,183	.0		.0	191,343,183	.0
	20-1821898	HealthSpring, Inc.	.0	.0	.0	.0	(2,334,711)	.0		.0	(2,334,711)	.0
	81-4139432	Heights at Bear Creek Venture LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	20-4266628	Home Physicians Management, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	75-3108521	HouQuest, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	37-1708015	Houston Briar Forest Apartments Limited Partnership	.0	.0	.0	.0	.0	.0		.0	.0	.0
	95-4838551	Ideal Properties II LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	35-2041388	IHN, Inc.	.0	.0	.0	.0	(1,719)	.0		.0	(1,719)	.0
	00-0000000	Independent Health Information Technology Services L.L.C.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	82-1655179	Innovative Product Alignment, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	82-0658250	Inside RX, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	81-0425785	Intermountain Underwriters, Inc.	.0	.0	.0	.0	41,669	.0		.0	41,669	.0
	00-0000000	International Pharmaceutical Solutions, GmbH	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3406799	JA Lofts Holdings, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3395923	JA Lofts JV Limited Partnership	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Kuwait Emirates Administration Services WLL	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	KDM (Thailand) Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
	20-8064696	Kronos Optimal Health Company	.0	.0	.0	.0	64,041	.0		.0	64,041	.0
	47-5292506	L&C Investments, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	47-4375626	Lakehills CM-CG LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	LINA Financial Service	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	LINA Life Insurance Company of Korea	.0	.0	.0	.0	.0	.0		.0	.0	11,983,667
65722	63-0343428	Loyal American Life Insurance Company	.0	(35,000,000)	.0	.0	(54,795,787)	.0		.0	(89,795,787)	.0
	58-2593075	Lynnfield Compounding Center, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	04-3546044	Lynnfield Drug, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	27-1506930	MAH Pharmacy, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	80-0908244	Mallory Square Partners I, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	88-0241365	Managed Care Consultants, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	51-0500147	Matrix GPO, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	59-3720653	Matrix Healthcare Services, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
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	06-1346406	MCC Independent Practice Association of New York, Inc.	.0	.0	.0	.0	.0	.0		0	0	0
	45-4937055	MDLive, Inc.	.0	.0	.0	.0	.0	.0		0	0	0
	00-0000000	MDLive LLC	.0	.0	.0	.0	.0	.0		0	0	0
	00-0000000	MDLivevisit, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	00-0000000	MDLive Provider Services, LLC	.0	.0	.0	.0	.0	.0		0	0	0
34720	13-3506395	Medco Containment Insurance Company of NY	.0	.0	.0	.0	(9,066,928)	.0		0	(9,066,928)	0
63762	42-1425239	Medco Containment Life Insurance Company	(26,800,000)	.0	.0	.0	(155,936,311)	.0		0	(182,736,311)	0
	27-3709630	Medco Europe II, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	46-2166374	Medco Europe, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	84-5017653	Medco Health Information Network Partners, Inc.	.0	.0	.0	.0	.0	.0		0	0	0
	81-0616525	Medco Health Puerto Rico, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	26-3544786	Medco Health Services, Inc.	.0	.0	.0	.0	.0	.0		0	0	0
	22-3461740	Medco Health Solutions, Inc.	26,800,000	.0	.0	.0	.0	.0		0	26,800,000	0
	88-0334401	Mediversal, Inc.	.0	.0	.0	.0	.0	.0		0	0	0
	27-3801345	MedSolutions Holdings, Inc.	.0	.0	.0	.0	.0	.0		0	0	0
	87-2810715	Montclair 11 Pine Operating Company LLC	.0	.0	.0	.0	.0	.0		0	0	0
	87-2810715	Montclair 11 Pine Urban Renewal LLC	.0	.0	.0	.0	.0	.0		0	0	0
	87-2772585	Montclair Residences JV LLC	.0	.0	.0	.0	.0	.0		0	0	0
	32-0071543	MSI Health Organization of Texas, Inc.	.0	.0	.0	.0	.0	.0		0	0	0
	27-5492993	MSI HT, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	27-5493148	MSI LT, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	27-5493321	MSI SAR-GW, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	86-1090522	MSIAZ I, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	20-1749733	MSICA I, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	20-1222347	MSICO I, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	55-0840800	MSIFL, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	26-0181185	MSIMD I, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	74-3122235	MSINC I, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	11-3715243	MSINH II, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	03-0524694	MSINH, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	20-1749446	MSINJ I, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	20-1761914	MSINV I, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	55-0840806	MSISC II, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	26-0336736	MSIVT I, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	20-2536458	MSIWA, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	36-4833284	MyM Technology Services, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	82-1350878	myMatrixx Holdings, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	46-2589799	myMatrixx-B, LLC	.0	.0	.0	.0	.0	.0		0	0	0
	00-0000000	NAS Administrative Services Company LLC	.0	.0	.0	.0	.0	.0		0	0	0
	00-0000000	NAS Neuron Health Services, L.L.C.	.0	.0	.0	.0	.0	.0		0	0	0
	00-0000000	NAS United SPV	.0	.0	.0	.0	.0	.0		0	0	0

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
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	00-0000000	Neuron LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	52-1929677	NewQuest Management Northeast, LLC	.0	.0	.0	.0	160,583,978	.0		.0	160,583,978	.0
	33-1033586	NewQuest Management of Alabama, LLC	.0	40,000,000	.0	.0	270,639,430	.0		.0	310,639,430	.0
	20-4954206	NewQuest Management of Florida, LLC	25,000,000	.0	.0	.0	89,260,876	.0		.0	114,260,876	.0
	77-0632665	NewQuest Management of Illinois, LLC	.0	.0	.0	.0	30,486,063	.0		.0	30,486,063	.0
	45-0633893	NewQuest Management of West Virginia, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	76-0628370	NewQuest, LLC	(121,500,000)	(55,000,000)	.0	.0	(832,388)	.0		.0	(177,332,388)	.0
	82-5244890	Octave Health Group, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	91-1599329	Olympic Health Management Services, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	91-1500758	Olympic Health Management Systems, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	OnePath Life (NZ) Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
	80-0818758	Patient Provider Alliance, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	35-1927379	Priority Healthcare Corporation	.0	.0	.0	.0	.0	.0		.0	.0	.0
	59-3761140	Priority Healthcare Distribution, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
67903	23-1335885	Provident American Life & Health Insurance Company	.0	.0	.0	.0	(195,246)	.0		.0	(195,246)	.0
	00-0000000	PT GAR Indonesia	.0	.0	.0	.0	.0	.0		.0	.0	.0
	AA-5360003	PT Asuransi Cigna	.0	.0	.0	.0	.0	.0		.0	.0	.0
	45-5046449	PUR Arbors Apartments Venture LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	46-1801639	QualCare Management Resources Limited Liability Company	.0	.0	.0	.0	(270)	.0		.0	(270)	.0
	00-0000000	Quallent Pharmaceuticals Holdings LP	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Quallent Pharmaceuticals Health LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	45-5569416	QPID Health, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	RHP (Thailand) Limited	.0	.0	.0	.0	.0	.0		.0	.0	.0
	83-1460134	Rise-CG Capitol Hill, LP	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3254168	Rise-CG JA Lofts Limited Partnership	.0	.0	.0	.0	.0	.0		.0	.0	.0
	35-1641636	Sagamore Health Network, Inc.	.0	.0	.0	.0	973,115	.0		.0	973,115	.0
	46-3593103	SB-SNH LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	95-2876207	Secon Properties, LP	.0	.0	.0	.0	.0	.0		.0	.0	.0
	82-1732483	SOMA Apartments Venture LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	82-4405071	Specialty Products Acquisitions, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	61-1317695	SpectraCare Health Care Ventures, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	61-1147068	SpectraCare, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
77399	13-1867829	Sterling Life Insurance Company	(9,211,053)	(788,947)	.0	.0	(2,017,272)	.0		.0	(12,017,272)	.0
	47-2658932	Strategic Pharmaceutical Investments, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	SureScripts, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	87-0903685	Swedesford Road Apartments, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	22-3474888	Systemed, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	23-3074013	Tel-Drug of Pennsylvania, LLC	.0	.0	.0	.0	(354)	.0		.0	(354)	.0
	46-0427127	Tel-Drug, Inc.	(45,000,000)	.0	.0	.0	(5,948)	.0		.0	(45,005,948)	.0
	00-0000000	Temple Insurance Company Limited	.0	.0	.0	.0	(37,664)	.0		.0	(37,664)	.0

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

**SCHEDULE Y**

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

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	20-5524622	Tennessee Quest, LLC	1,500,000	.0	.0	.0	.0	.0		.0	1,500,000	.0
	75-3108527	TexQuest, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-1955731	The Flats at Interbay Holdings, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-1955075	The Flats at Interbay JV Limited Partnership	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-1962013	The Flats at Interbay Limited Partnership	.0	.0	.0	.0	.0	.0		.0	.0	.0
	46-5264463	Trainer Rx, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Transwestern Federal, L.L.C.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Transwestern Federal Holdings, L.L.C.	.0	.0	.0	.0	.0	.0		.0	.0	.0
65269	75-2305400	United Benefit Life Insurance Company	.0	.0	.0	.0	(26,634)	.0		.0	(26,634)	.0
	88-0344624	Universal Claims Administration	.0	.0	.0	.0	.0	.0		.0	.0	.0
	98-0463704	Vielife Services, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Verity Solutions Group, Inc.	(20,000,000)	.0	.0	.0	.0	.0		.0	(20,000,000)	.0
	00-0000000	Westcore CG AC, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3178563	Westcore CG Camelback, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3178563	Westcore CG Cedar Port, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Westcore CG Commerce, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3178563	Westcore CG Dove Valley I, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3178563	Westcore CG Dove Valley II, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3178563	Westcore CG Fountain Lakes, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3178563	Westcore CG Gateway, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3178563	Westcore CG I-35, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3178563	Westcore CG Mezz, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3178563	Westcore CG Navy, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3178563	Westcore CG Potomac Park, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3178563	Westcore CG Solano, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	84-3178563	Westcore CG Susana, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Westcore CG Venture, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	87-3624928	Westcore CG Venture II, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	87-3624928	Westcore CG II AC, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	87-3624928	Westcore CG II Park 225, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	85-3567364	Westcore Realty CG Avondale, LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	Willow DSP LLC	.0	.0	.0	.0	.0	.0		.0	.0	.0
	00-0000000	YCFM Servicos LTDA	.0	.0	.0	.0	.0	.0		.0	.0	.0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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

**SCHEDULE Y**

**PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL**

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
Allegiance Life & Health Insurance Company	Benefit Management Corp.	95.000	NO	Cigna Corporation	Cigna Group	100.000	NO
American Retirement Life Insurance Company	Loyal American Life Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Bravo Health Mid-Atlantic, Inc.	NewQuest Management Northeast, LLC	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Bravo Health Pennsylvania, Inc.	NewQuest Management Northeast, LLC	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
CareCore NJ, LLC	eviCore healthcare MSI, LLC	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Arbor Life Insurance Company	Connecticut General Corporation	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Colorado, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Delaware, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Florida, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Kansas, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Kentucky, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Maryland, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Missouri, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of New Jersey, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of North Carolina, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Ohio, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Pennsylvania, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Texas, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Virginia, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Plan Of Arizona, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Health and Life Insurance Company	Connecticut General Life Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare Mid-Atlantic, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Arizona, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Colorado, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Connecticut, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Florida, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Georgia, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Illinois, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Indiana, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Maine, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Massachusetts, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of New Hampshire, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of New Jersey, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of North Carolina, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Pennsylvania, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of South Carolina, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of St. Louis, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Tennessee, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Texas, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Utah, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna National Health Insurance Company	Cigna Health and Life Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Worldwide Insurance Company	Cigna Global Reinsurance Company, Ltd.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Connecticut General Life Insurance Company	Connecticut General Corporation	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Express Reinsurance Company	Express Scripts, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Great-West Healthcare of Illinois, Inc.	Cigna Healthcare Holdings, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO

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

**SCHEDULE Y**

**PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL**

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
HealthSpring Life & Health Insurance Company, Inc. ...	NewQuest, LLC .....	100.000	NO	Cigna Corporation .....	Cigna Group .....	100.000	NO
HealthSpring of Florida, Inc. ....	NewQuest, LLC .....	100.000	NO	Cigna Corporation .....	Cigna Group .....	100.000	NO
Loyal American Life Insurance Company .....	Cigna Health and Life Insurance Company .....	100.000	NO	Cigna Corporation .....	Cigna Group .....	100.000	NO
Medco Containment Insurance Company of NY .....	Medco Health Solutions, Inc. ....	100.000	NO	Cigna Corporation .....	Cigna Group .....	100.000	NO
Medco Containment Life Insurance Company .....	Medco Health Solutions, Inc. ....	100.000	NO	Cigna Corporation .....	Cigna Group .....	100.000	NO
Provident American Life & Health Insurance Company ..	Cigna National Health Insurance Company .....	100.000	NO	Cigna Corporation .....	Cigna Group .....	100.000	NO
Sterling Life Insurance Company .....	Cigna Health and Life Insurance Company .....	100.000	NO	Cigna Corporation .....	Cigna Group .....	100.000	NO
United Benefit Life Insurance Company .....	Provident American Life and Health Insurance Company	100.000	NO	Cigna Corporation .....	Cigna Group .....	100.000	NO

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? .....	YES
4. Will an actuarial opinion be filed by March 1? .....	YES
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1? .....	YES
6. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) .....	YES
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
<b>JUNE FILING</b>	
8. Will an audited financial report be filed by June 1? .....	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

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

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

- 26. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? ..... NO
- 27. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1? ..... NO
- 28. Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies) ..... NO
- 29. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? ..... YES
- 30. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? ..... NO
- 31. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? ..... NO
- 32. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? ..... NO
- 33. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? ..... NO
- 34. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1? ..... NO
- 35. Will the Health Care Receivables Supplement be filed with the state of domicile and the NAIC by March 1? ..... YES

**APRIL FILING**

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

**AUGUST FILING**

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

Explanations:

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Bar Codes:

- 10. SIS Stockholder Information Supplement [Document Identifier 420]



- 12. Trusteed Surplus Statement [Document Identifier 490]



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



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



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



- 18. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]



























- 19. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]



- 20. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]



# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

**OVERFLOW PAGE FOR WRITE-INS**



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MJ	J	NO	0034000	02/09/2007	07/24/2009			MEDICARE SUPPLEMENT	(439)	(235)	53.5	0	0	0	0.0	0
YES	3MJ	J	NO	0034000	02/09/2007	07/24/2009			MEDICARE SUPPLEMENT	4,610	1,024	22.2	1	0	0	0.0	0
YES	CNHIC-MS-AA-F-AL	0	NO	0234060	12/21/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	21,388	12,647	59.1	36
YES	CNHIC-MS-AA-G-AL	0	NO	0234060	12/21/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	56,240	36,061	64.1	125
YES	CNHIC-MS-AA-N-AL	0	NO	0234060	12/21/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	20,218	11,121	55.0	71
0199999. Total Experience on Individual Policies										4,171	789	18.9	1	97,846	59,829	61.1	232
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	31F(AR)	F	NO	0034000	01/12/2004			05/31/2010	MEDICARE SUPPLEMENT	4,221	1,574	37.3	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										4,221	1,574	37.3	1	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	CNHIC-MS-AA-F-CO	0	NO	0234060	02/23/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	35,015	53,039	151.5	77
YES	CNHIC-MS-AA-G-CO	0	NO	0234060	02/23/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	159,258	129,564	81.4	425
YES	CNHIC-MS-AA-N-CO	0	NO	0234060	02/23/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	39,793	21,778	54.7	164
0199999. Total Experience on Individual Policies										0	0	0.0	0	234,066	204,381	87.3	666
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	31F(GA)	F	NO	0034000	12/31/2003			05/31/2010	MEDICARE SUPPLEMENT	3,596	592	16.5	1	0	0	0.0	0
YES	31G(GA)	G	NO	0034000	12/31/2003	07/24/2009			MEDICARE SUPPLEMENT	2,995	1,078	36.0	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										6,591	1,670	25.3	2	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MD (IL)	D	NO	0034060	11/18/2003	07/25/2009			MEDICARE SUPPLEMENT	5,668	2,149	37.9	1	0	0	0.0	0
YES	3ME (IL)	E	NO	0034060	11/04/2005	07/25/2009			MEDICARE SUPPLEMENT	5,304	123	2.3	1	0	0	0.0	0
YES	3MF (IL)	F	NO	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT	29,110	12,011	41.3	4	0	0	0.0	0
YES	3MF (IL)	F	NO	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT	17,148	10,183	59.4	2	0	0	0.0	0
YES	3MF (IL)	F	NO	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT	13,330	5,870	44.0	2	0	0	0.0	0
YES	3MH (IL)	H	NO	0034060	09/21/2007	07/25/2009			MEDICARE SUPPLEMENT	3,799	1,320	34.7	1	0	0	0.0	0
YES	3MI (IL)	I	NO	0034060	08/11/2006	07/25/2009			MEDICARE SUPPLEMENT	158	3,207	2,029.7	0	0	0	0.0	0
YES	3MI (IL)	I	NO	0034060	08/11/2006	07/25/2009			MEDICARE SUPPLEMENT	1,023	8,107	792.5	0	0	0	0.0	0
YES	3MJ (IL)	J	NO	0034060	09/21/2007	07/25/2009			MEDICARE SUPPLEMENT	22,809	14,611	64.1	5	0	0	0.0	0
YES	3MK (IL)	F	NO	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,204	2,492	207.0	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										99,553	60,073	60.3	17	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3ME	E	NO	0034000	11/01/2005	07/29/2009			MEDICARE SUPPLEMENT	(307)	(30)	9.8	0	0	0.0	0	
YES	3ME	E	NO	0034000	11/01/2005	07/29/2009			MEDICARE SUPPLEMENT	3,659	7,110	194.3	1	0	0.0	0	
YES	3MF	F	NO	0034000	12/22/2003			05/31/2010	MEDICARE SUPPLEMENT	13,309	1,478	11.1	1	0	0.0	0	
YES	3MF	F	NO	0034000	12/22/2003			05/31/2010	MEDICARE SUPPLEMENT	5,234	10,691	204.3	1	0	0.0	0	
YES	3MF	F	NO	0034000	12/22/2003			05/31/2010	MEDICARE SUPPLEMENT	5,395	964	17.9	1	0	0.0	0	
YES	3MG	G	NO	0034000	12/22/2003	07/29/2009			MEDICARE SUPPLEMENT	9,414	28,507	302.8	1	0	0.0	0	
YES	3MG	G	NO	0034000	12/22/2003	07/29/2009			MEDICARE SUPPLEMENT	5,569	6,490	116.5	1	0	0.0	0	
YES	3MJ (IN)	J	NO	0034000	12/05/2006	07/29/2009			MEDICARE SUPPLEMENT	4,140	459	11.1	1	0	0.0	0	
YES	3MJ (IN)	J	NO	0034000	04/11/2007	07/29/2009			MEDICARE SUPPLEMENT	(202)	(232)	114.9	0	0	0.0	0	
YES	3MJ (IN)	J	NO	0034000	04/11/2007	07/29/2009			MEDICARE SUPPLEMENT	13,463	2,287	17.0	3	0	0.0	0	
YES	3MJ (IN)	J	NO	0034000	04/11/2007	07/29/2009			MEDICARE SUPPLEMENT	4,139	2,873	69.4	1	0	0.0	0	
YES	3MK	F	NO	0034000	12/22/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,774	46	2.6	2	0	0.0	0	
YES	3MK	F	NO	0034000	12/22/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,027	26	2.5	1	0	0.0	0	
YES	CNHIC-MS-AA-F	F	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	129,674	104,801	80.8	55
YES	CNHIC-MS-AA-F	F	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	231,080	163,803	70.9	147
YES	CNHIC-MS-AA-G	G	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	1,007,248	981,788	97.5	666
YES	CNHIC-MS-AA-G	G	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	1,530,848	1,220,552	79.7	1,745
YES	CNHIC-MS-AA-N	N	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	129,278	107,664	83.3	99
YES	CNHIC-MS-AA-N	N	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	230,590	181,436	78.7	319
0199999. Total Experience on Individual Policies										66,614	60,669	91.1	14	3,258,718	2,760,044	84.7	3,031
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MF (IA)	F	NO	0034000	01/27/2004			05/31/2010	MEDICARE SUPPLEMENT	27,653	21,908	79.2	5	0	0	0.0	0
YES	3MG (IA)	G	NO	0034000	01/27/2004	07/25/2009			MEDICARE SUPPLEMENT	21,147	26,421	124.9	5	0	0	0.0	0
YES	3MJ (IA)	J	NO	0034000	02/16/2007	07/25/2009			MEDICARE SUPPLEMENT	3,450	582	16.9	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										52,250	48,911	93.6	11	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MF(KS)	F	NO	0034060	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT	3,553	(188)	(5.3)	0	0	0	0.0	0
YES	3MF(KS)	F	NO	0034060	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT	10,047	1,802	17.9	2	0	0	0.0	0
YES	3MF(KS)	F	NO	0034060	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT	16,035	10,665	66.5	3	0	0	0.0	0
YES	3MG(KS)	G	NO	0034060	02/04/2004	07/25/2009			MEDICARE SUPPLEMENT	13,918	13,474	96.8	3	0	0	0.0	0
YES	3MH(KS)	H	NO	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	4,359	8,074	185.2	1	0	0	0.0	0
YES	3MH(KS)	H	NO	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	3,615	17,572	486.1	1	0	0	0.0	0
YES	3MI(KS)	I	NO	0034060	05/26/2006	07/25/2009			MEDICARE SUPPLEMENT	394	531	134.8	1	0	0	0.0	0
YES	3MJ(KS)	J	NO	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	32,265	21,294	66.0	8	0	0	0.0	0
YES	3MJ(KS)	J	NO	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	22,168	28,685	129.4	5	0	0	0.0	0
YES	3MK(KS) CNHIC-MS-AA-F-KS	F	NO	0034060	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	4	(70)	(1,750.0)	0	0	0	0.0	0
YES	0	0	NO	0234060	05/10/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	27,438	13,050	47.6	52
YES	0	0	NO	0234060	05/10/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	79,022	47,172	59.7	212
YES	0	0	NO	0234060	05/10/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	15,879	11,172	70.4	58
YES	0	0	NO	0234060	05/10/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	132	0	0.0	0
YES	0	0	NO	0234060	05/10/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	139	113	81.3	1
YES	0	0	NO	0234060	05/10/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	1,051	659	62.7	4
YES	0	0	NO	0234060	05/10/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	142	119	83.8	1
0199999. Total Experience on Individual Policies										106,358	101,839	95.8	24	123,803	72,285	58.4	328
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

360.KS



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3ME (KY)	E	NO	0034060	11/16/2005	07/25/2009			MEDICARE SUPPLEMENT	4,458	1,054	23.6	1	0	0	0.0	0
YES	3MF (KY)	F	NO	0034060	10/30/2003			05/31/2010	MEDICARE SUPPLEMENT	(613)	(287)	46.8	0	0	0	0.0	0
YES	3MI (KY)	I	NO	0034060	06/02/2006	07/25/2009			MEDICARE SUPPLEMENT	5,776	5,506	95.3	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										9,621	6,273	65.2	2	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MF(LA)R	F	NO	0034060	10/14/2003			05/31/2010	MEDICARE SUPPLEMENT	6,656	823	12.4	1	0	0	0.0	0
YES	CNHIC-MS-AA-F-LA	0	NO	0234060	03/25/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	31,947	20,744	64.9	42
YES	CNHIC-MS-AA-G-LA	0	NO	0234060	03/25/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	47,029	33,017	70.2	106
YES	CNHIC-MS-AA-N-LA	0	NO	0234060	03/25/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	9,931	12,691	127.8	28
0199999. Total Experience on Individual Policies										6,656	823	12.4	1	88,907	66,452	74.7	176
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

360.LA



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	CNHIC-MS-AA-A-MD	0	NO	0234060	06/03/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	1,909	1,371	71.8	3
YES	CNHIC-MS-AA-F-MD	0	NO	0234060	06/03/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	15,535	17,243	111.0	32
YES	CNHIC-MS-AA-G-MD	0	NO	0234060	06/03/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	43,338	30,588	70.6	114
YES	CNHIC-MS-AA-G-MD	0	NO	0234060	06/03/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	0	353	0.0	0
YES	CNHIC-MS-AA-N-MD	0	NO	0234060	06/03/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	21,993	20,782	94.5	75
0199999. Total Experience on Individual Policies										0	0	0.0	0	82,775	70,337	85.0	224
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	CNHIC-MS-AA-F-MI	0	NO	0234060	03/09/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	51,174	30,307	59.2	58
YES	CNHIC-MS-AA-G-MI	0	NO	0234060	03/09/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	106,022	79,062	74.6	189
YES	CNHIC-MS-AA-N-MI	0	NO	0234060	03/09/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	85,871	66,137	77.0	213
0199999. Total Experience on Individual Policies										0	0	0.0	0	243,067	175,506	72.2	460
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	31D	D	NO	0034060	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT	0	19	0.0	0	0	0	0.0	0
YES	31F	F	NO	0034060	04/16/2004			05/31/2010	MEDICARE SUPPLEMENT	4,074	1,159	28.4	1	0	0	0.0	0
YES	31F	F	NO	0034060	04/16/2004			05/31/2010	MEDICARE SUPPLEMENT	2,186	1,496	68.4	0	0	0	0.0	0
YES	31F	F	NO	0034060	04/16/2004			05/31/2010	MEDICARE SUPPLEMENT	0	(85)	0.0	0	0	0	0.0	0
YES	31G	G	NO	0034060	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT	3,343	338	10.1	1	0	0	0.0	0
YES	31G	G	NO	0034060	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT	6,049	1,009	16.7	2	0	0	0.0	0
YES	31G	G	NO	0034060	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT	14,649	4,852	33.1	4	0	0	0.0	0
0199999. Total Experience on Individual Policies										30,301	8,788	29.0	8	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

360.MO



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MF(MT)	F	NO	.0034000	10/21/2004			.05/31/2010	MEDICARE SUPPLEMENT	15,820	22,542	142.5	3	0	0	0.0	0
YES	3MF(MT)	F	NO	.0034000	10/21/2004			.05/31/2010	MEDICARE SUPPLEMENT	20,601	17,774	86.3	5	0	0	0.0	0
YES	3MG(MT)	G	NO	.0034000	10/21/2004	07/25/2009			MEDICARE SUPPLEMENT	5,718	3,584	62.7	1	0	0	0.0	0
YES	3MG(MT)	G	NO	.0034000	10/21/2004	07/25/2009			MEDICARE SUPPLEMENT	10,365	12,739	122.9	2	0	0	0.0	0
YES	3MJ(MT)	J	NO	.0034000	03/30/2007	07/25/2009			MEDICARE SUPPLEMENT	7,666	1,043	13.6	2	0	0	0.0	0
YES	3MK(MT)	F	NO	.0034000	10/21/2004			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,526	38	2.5	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										61,696	57,720	93.6	15	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

360.MT



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MF	F	NO	0034000	11/17/2003			05/31/2010	MEDICARE SUPPLEMENT	66,091	32,289	48.9	11	0	0	0.0	0
YES	3MF	F	NO	0034000	11/17/2003			05/31/2010	MEDICARE SUPPLEMENT	31,377	12,332	39.3	5	0	0	0.0	0
YES	3MF	F	NO	0034000	11/17/2003			05/31/2010	MEDICARE SUPPLEMENT	10,355	9,949	96.1	2	0	0	0.0	0
YES	3MG	G	NO	0034000	11/17/2003	07/25/2009			MEDICARE SUPPLEMENT	15,153	5,887	38.9	3	0	0	0.0	0
YES	3MJ	J	NO	0034000	03/08/2007	07/25/2009			MEDICARE SUPPLEMENT	24,052	30,980	128.8	5	0	0	0.0	0
YES	3MJ	J	NO	0034000	03/08/2007	07/25/2009			MEDICARE SUPPLEMENT	4,297	1,978	46.0	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										151,325	93,415	61.7	27	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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





SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

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

360.NH



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MC(NC)	C	NO	0034060	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	5,900	1,847	31.3	1	0	0	0.0	0
YES	3MD(NC)	D	NO	0034000	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	10	268	2,680.0	0	0	0	0.0	0
YES	3MF(NC)	F	NO	0034000	06/08/2004			05/31/2010	MEDICARE SUPPLEMENT	40,627	13,036	32.1	6	0	0	0.0	0
YES	3MF(NC)	F	NO	0034000	06/08/2004			05/31/2010	MEDICARE SUPPLEMENT	35,462	56,907	160.5	7	0	0	0.0	0
YES	3MF(NC)	F	NO	0034000	06/08/2004			05/31/2010	MEDICARE SUPPLEMENT	15,794	4,135	26.2	3	0	0	0.0	0
YES	3MG(NC)	G	NO	0034000	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	26,542	5,361	20.2	6	0	0	0.0	0
YES	3MG(NC)	G	NO	0034000	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	24,124	28,249	117.1	6	0	0	0.0	0
YES	3MG(NC)	G	NO	0034000	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	0	(133)	0.0	0	0	0	0.0	0
YES	3MG(NC)	G	NO	0034000	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	4,099	7,965	194.3	1	0	0	0.0	0
YES	3MH(NC)	H	NO	0034000	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT	26,910	11,982	44.5	7	0	0	0.0	0
YES	3MJ(NC)	J	NO	0034060	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT	40,135	26,693	66.5	13	0	0	0.0	0
YES	3MJ(NC)	J	NO	0034060	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT	20,923	13,257	63.4	6	0	0	0.0	0
YES	3MJ(NC)	J	NO	0034060	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT	9,296	5,957	64.1	3	0	0	0.0	0
YES	CNHIC-MS-AA-F-NC	O	NO	0234060	04/13/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	42,180	27,411	65.0	100
YES	CNHIC-MS-AA-F-NC	O	NO	0234060	04/13/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	0	152	0.0	0
YES	CNHIC-MS-AA-G-NC	O	NO	0234060	04/13/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	88,063	72,983	82.9	234
YES	CNHIC-MS-AA-N-NC	O	NO	0234060	04/13/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	25,254	15,670	62.0	91
0199999. Total Experience on Individual Policies										249,822	175,524	70.3	59	155,497	116,216	74.7	425
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

360.NC



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MF(ND)	F	NO	0034000	11/25/2003			05/31/2010	MEDICARE SUPPLEMENT	7,708	900	11.7	1	0	0	0.0	0
YES	3MF(ND)	F	NO	0034000	11/25/2003			05/31/2010	MEDICARE SUPPLEMENT	14,278	11,093	77.7	2	0	0	0.0	0
YES	3MF(ND)	F	NO	0034000	11/25/2003			05/31/2010	MEDICARE SUPPLEMENT	4,694	4,739	101.0	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										26,680	16,732	62.7	4	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3ME(OH)	E	NO	0034000	08/08/2005	07/24/2009			MEDICARE SUPPLEMENT	7,634	987	12.9	2	0	0	0.0	0
YES	3MF(OH)	F	NO	0034000	12/12/2003			05/31/2010	MEDICARE SUPPLEMENT	(328)	7	(2.1)	0	0	0	0.0	0
YES	3MF(OH)	F	NO	0034000	12/12/2003			05/31/2010	MEDICARE SUPPLEMENT	686	17	2.5	0	0	0	0.0	0
YES	3MF(OH)	F	NO	0034000	12/12/2003			05/31/2010	MEDICARE SUPPLEMENT	0	14	0.0	0	0	0	0.0	0
YES	3MG(OH)	G	NO	0034000	12/12/2003	07/24/2009			MEDICARE SUPPLEMENT	9,971	1,771	17.8	2	0	0	0.0	0
YES	3MG(OH)	G	NO	0034000	12/12/2003	07/24/2009			MEDICARE SUPPLEMENT	5,175	226	4.4	1	0	0	0.0	0
YES	3MH(OH)	H	NO	0034000	02/01/2007	07/24/2009			MEDICARE SUPPLEMENT	0	42	0.0	0	0	0	0.0	0
YES	3MI(OH)	I	NO	0034000	05/01/2006	07/24/2009			MEDICARE SUPPLEMENT	12,058	8,010	66.4	2	0	0	0.0	0
YES	3MJ(OH)	J	NO	0034000	02/01/2007	07/24/2009			MEDICARE SUPPLEMENT	5,033	702	13.9	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										40,229	11,776	29.3	8	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

360.OH



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3ME (OK)	E	NO	0034000	11/14/2005	07/25/2009			MEDICARE SUPPLEMENT	3,705	235	6.3	1	0	0	0.0	0
YES	3MF (OK)	F	NO	0034000	03/01/2004			05/31/2010	MEDICARE SUPPLEMENT	(760)	202	(26.6)	0	0	0	0.0	0
YES	3MG (OK)	G	NO	0034000	03/01/2004	07/25/2009			MEDICARE SUPPLEMENT	8,732	4,844	55.5	2	0	0	0.0	0
YES	3MJ (OK)	J	NO	0034000	02/05/2007	07/25/2009			MEDICARE SUPPLEMENT	4,223	806	19.1	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										15,900	6,087	38.3	4	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

360.OK



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MD(PA)	D	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	4,114	1,746	42.4	1	0	0	0.0	0
YES	3MD(PA)	D	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	4,896	129	2.6	1	0	0	0.0	0
YES	3MD(PA)	D	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	4,810	1,134	23.6	1	0	0	0.0	0
YES	3MD(PA)	D	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	12,419	10,908	87.8	2	0	0	0.0	0
YES	3MF(PA)	F	NO	0034060	05/12/2004			05/31/2010	MEDICARE SUPPLEMENT	33,771	9,264	27.4	5	0	0	0.0	0
YES	3MF(PA)	F	NO	0034060	05/12/2004			05/31/2010	MEDICARE SUPPLEMENT	4,581	2,180	47.6	1	0	0	0.0	0
YES	3MG(PA)	G	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	5,496	12,899	234.7	1	0	0	0.0	0
YES	3MG(PA)	G	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	25,060	14,004	55.9	5	0	0	0.0	0
YES	3MG(PA)	G	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	28,104	8,155	29.0	5	0	0	0.0	0
YES	3MG(PA)	G	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	4,737	4,473	94.4	1	0	0	0.0	0
YES	CNHIC-MS-AA-B-PA	B	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	6,545	2,276	34.8	5
YES	CNHIC-MS-AA-F-PA	F	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	163,171	144,166	88.4	63
YES	CNHIC-MS-AA-F-PA	F	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	542,680	382,153	70.4	325
YES	CNHIC-MS-AA-G-PA	G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	1,092,381	740,586	67.8	565
YES	CNHIC-MS-AA-G-PA	G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	2,493,912	1,711,381	68.6	2,158
YES	CNHIC-MS-AA-G-PA	G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	101	0.0	0
YES	CNHIC-MS-AA-N-PA	N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	468,238	277,868	59.3	326
YES	CNHIC-MS-AA-N-PA	N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	1,085,662	707,142	65.1	1,242
YES	CNHIC-MS-OA-F-PA	F	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	1,910	1,910	100.0	9
YES	CNHIC-MS-OA-G-PA	G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	2,692	1,183	43.9	10
YES	CNHIC-MS-OA-N-PA	N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	1,268	846	66.7	10
0199999. Total Experience on Individual Policies										127,988	64,892	50.7	23	5,858,459	3,969,612	67.8	4,713
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

360.PA



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11	12		14	15	16		18
											Incurring Claims				Incurring Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MF	F	NO	0034000	10/09/2003			05/31/2010	MEDICARE SUPPLEMENT	5,691	1,170	20.6	1	0	0	0.0	0
YES	3MG	G	NO	0034000	10/09/2003	07/25/2009			MEDICARE SUPPLEMENT	4,289	579	13.5	1	0	0	0.0	0
YES	3MG	G	NO	0034000	10/09/2003	07/25/2009			MEDICARE SUPPLEMENT	3,906	3,995	102.3	1	0	0	0.0	0
YES	3MI	I	NO	0034000	05/18/2006	07/25/2009			MEDICARE SUPPLEMENT	15,441	11,852	76.8	4	0	0	0.0	0
YES	3MI	I	NO	0034000	05/18/2006	07/25/2009			MEDICARE SUPPLEMENT	6,437	1,016	15.8	1	0	0	0.0	0
YES	3MJ	J	NO	0034000	02/23/2007	07/25/2009			MEDICARE SUPPLEMENT	34,929	27,246	78.0	6	0	0	0.0	0
YES	3MJ	J	NO	0034000	02/23/2007	07/25/2009			MEDICARE SUPPLEMENT	38,962	23,100	59.3	9	0	0	0.0	0
YES	CNHIC-MS-AA-F-SC	F	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	51,008	43,288	84.9	23
YES	CNHIC-MS-AA-F-SC	F	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	196,404	117,958	60.1	160
YES	CNHIC-MS-AA-G-SC	G	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	404,237	263,724	65.2	254
YES	CNHIC-MS-AA-G-SC	G	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	689,003	522,043	75.8	736
YES	CNHIC-MS-AA-N-SC	N	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	41,041	26,940	65.6	33
YES	CNHIC-MS-AA-N-SC	N	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	81,684	60,369	73.9	115
0199999. Total Experience on Individual Policies										109,655	68,958	62.9	23	1,463,377	1,034,322	70.7	1,321
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

360.SC



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MF	F	NO	0034060	11/19/2003			05/31/2010	MEDICARE SUPPLEMENT	9,924	2,619	26.4	2	0	0	0.0	0
YES	3MF	F	NO	0034060	11/19/2003			05/31/2010	MEDICARE SUPPLEMENT	4,801	5,872	122.3	1	0	0	0.0	0
YES	CNHIC-MS-AA-F-SD	0	NO	0234060	03/17/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	3,357	864	25.7	4
YES	CNHIC-MS-AA-G-SD	0	NO	0234060	03/17/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	12,956	7,975	61.6	32
YES	CNHIC-MS-AA-N-SD	0	NO	0234060	03/17/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	2,093	1,825	87.2	8
0199999. Total Experience on Individual Policies										14,725	8,491	57.7	3	18,406	10,664	57.9	44
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MF(TN)	F	NO	0034000	12/02/2003			05/31/2010	MEDICARE SUPPLEMENT	4,428	1,267	28.6	1	0	0	0.0	0
YES	3MF(TN)	F	NO	0034000	12/02/2003			05/31/2010	MEDICARE SUPPLEMENT	9,103	3,969	43.6	2	0	0	0.0	0
YES	3MF(TN)	F	NO	0034000	12/02/2003			05/31/2010	MEDICARE SUPPLEMENT	16,266	3,342	20.5	3	0	0	0.0	0
YES	3MG(TN)	G	NO	0034000	12/02/2003	07/26/2009			MEDICARE SUPPLEMENT	4,953	7,105	143.4	1	0	0	0.0	0
YES	3MG(TN)	G	NO	0034000	12/02/2003	07/26/2009			MEDICARE SUPPLEMENT	24,469	11,243	45.9	6	0	0	0.0	0
YES	3MG(TN)	G	NO	0034000	12/02/2003	07/26/2009			MEDICARE SUPPLEMENT	9,222	14,732	159.7	2	0	0	0.0	0
YES	3MG(TN)	G	NO	0034000	12/02/2003	07/26/2009			MEDICARE SUPPLEMENT	0	54	0.0	0	0	0	0.0	0
YES	3MK(TN) CNHIC-MS-AA-A-TN	F	NO	0034000	12/02/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	(49)	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-TN	O	NO	0234060	04/30/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	86	99	115.1	1
YES	CNHIC-MS-AA-F-TN	O	NO	0234060	04/30/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	29,447	25,470	86.5	62
YES	CNHIC-MS-AA-G-TN	O	NO	0234060	04/30/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-TN	O	NO	0234060	04/30/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	99,996	107,413	107.4	269
YES	CNHIC-MS-AA-N-TN	O	NO	0234060	04/30/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	43,494	26,730	61.5	166
0199999. Total Experience on Individual Policies										68,392	41,712	61.0	15	173,023	159,712	92.3	498
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

360.TN



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MC(TX)	C	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	3,569	1,980	55.5	0	0	0	0.0	0
YES	3MD(TX)	D	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	4,322	123	2.8	1	0	0	0.0	0
YES	3MD(TX)	D	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	4,602	5,540	120.4	1	0	0	0.0	0
YES	3MD(TX)	D	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	6,101	1,094	17.9	1	0	0	0.0	0
YES	3ME(TX)	E	NO	0034000	12/30/2005	07/31/2009			MEDICARE SUPPLEMENT	7,522	7,494	99.6	2	0	0	0.0	0
YES	3ME(TX)	E	NO	0034000	12/30/2005	07/31/2009			MEDICARE SUPPLEMENT	21,159	7,241	34.2	5	0	0	0.0	0
YES	3MF(TX)	F	NO	0034000	12/11/2003		05/31/2010		MEDICARE SUPPLEMENT	61,846	33,263	53.8	8	0	0	0.0	0
YES	3MF(TX)	F	NO	0034000	12/11/2003		05/31/2010		MEDICARE SUPPLEMENT	75,635	33,415	44.2	10	0	0	0.0	0
YES	3MF(TX)	F	NO	0034000	12/11/2003		05/31/2010		MEDICARE SUPPLEMENT	6,185	1,347	21.8	1	0	0	0.0	0
YES	3MG(TX)	G	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	12,523	2,397	19.1	2	0	0	0.0	0
YES	3MG(TX)	G	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	14,390	2,454	17.1	2	0	0	0.0	0
YES	3MG(TX)	G	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	4,850	316	6.5	1	0	0	0.0	0
YES	3MI(TX)	I	NO	0034000	06/15/2006	07/31/2009			MEDICARE SUPPLEMENT	5,183	415	8.0	1	0	0	0.0	0
YES	3MJ(TX)	J	NO	0034000	02/21/2007	07/31/2009			MEDICARE SUPPLEMENT	18,587	2,694	14.5	4	0	0	0.0	0
YES	3MJ(TX)	J	NO	0034000	02/21/2007	07/31/2009			MEDICARE SUPPLEMENT	13,677	5,083	37.2	2	0	0	0.0	0
YES	3MK(TX)	F	NO	0034000	12/11/2003		05/31/2010		MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	103	(61)	(59.2)	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										260,254	104,795	40.3	41	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

360.TX



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	CNHIC-MS-AA-F-UT	0	NO	0234060	02/11/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	21,448	15,454	72.1	39
YES	CNHIC-MS-AA-G-UT	0	NO	0234060	02/11/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	70,033	55,839	79.7	161
YES	CNHIC-MS-AA-N-UT	0	NO	0234060	02/11/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	45,689	30,871	67.6	137
YES	CNHIC-MS-AA-N-UT	0	NO	0234060	02/11/2021				MEDICARE SUPPLEMENT	0	0	0.0	0	88	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	137,258	102,164	74.4	337
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MD(VA)	D	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	4,851	813	16.8	1	0	0	0.0	0
YES	3MD(VA)	D	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	8,718	14,308	164.1	2	0	0	0.0	0
YES	3MD(VA)	D	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	4,318	2,376	55.0	1	0	0	0.0	0
YES	3MF(VA)	F	NO	0034000	08/05/2004			05/31/2010	MEDICARE SUPPLEMENT	39,566	13,230	33.4	6	0	0	0.0	0
YES	3MF(VA)	F	NO	0034000	08/05/2004			05/31/2010	MEDICARE SUPPLEMENT	108,475	84,207	77.6	20	0	0	0.0	0
YES	3MF(VA)	F	NO	0034000	08/05/2004			05/31/2010	MEDICARE SUPPLEMENT	54,838	12,134	22.1	11	0	0	0.0	0
YES	3MG(VA)	G	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	33,492	35,615	106.3	6	0	0	0.0	0
YES	3MG(VA)	G	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	29,934	27,481	91.8	6	0	0	0.0	0
YES	3MG(VA)	G	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	3,757	478	12.7	1	0	0	0.0	0
YES	3MH(VA)	H	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	9,610	1,359	14.1	2	0	0	0.0	0
YES	3MH(VA)	H	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	42,708	23,044	54.0	10	0	0	0.0	0
YES	3MH(VA)	H	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	20,323	16,634	81.8	6	0	0	0.0	0
YES	3MI(VA)	I	NO	0034000	11/07/2006	07/26/2009			MEDICARE SUPPLEMENT	45,901	21,801	47.5	12	0	0	0.0	0
YES	3MI(VA)	I	NO	0034000	11/07/2006	07/26/2009			MEDICARE SUPPLEMENT	42,479	11,347	26.7	10	0	0	0.0	0
YES	3MI(VA)	I	NO	0034000	11/07/2006	07/26/2009			MEDICARE SUPPLEMENT	3,825	116	3.0	1	0	0	0.0	0
YES	3MJ(VA)	J	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	169,769	139,857	82.4	38	0	0	0.0	0
YES	3MJ(VA)	J	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	187,371	166,978	89.1	40	0	0	0.0	0
YES	3MJ(VA)	J	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	19,277	34,233	177.6	4	0	0	0.0	0
0199999. Total Experience on Individual Policies										829,212	606,011	73.1	177	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

360.VA



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3ME	E	NO	0034000	12/01/2005	07/26/2009			MEDICARE SUPPLEMENT	4,222	177	4.2	1	0	0	0.0	0
YES	3MK	F	NO	0034000	11/24/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	536	642	119.8	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										4,758	819	17.2	1	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3MF(WY)	F	NO	0034000	12/05/2003			05/31/2010	MEDICARE SUPPLEMENT	0	27	0.0	0	0	0	0.0	0
YES	3MF(WY)	F	NO	0034000	12/05/2003			05/31/2010	MEDICARE SUPPLEMENT	5,521	1,347	24.4	1	0	0	0.0	0
YES	3MF(WY)	F	NO	0034000	12/05/2003			05/31/2010	MEDICARE SUPPLEMENT	11,452	4,864	42.5	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										16,973	6,238	36.8	3	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company

**SCHEDULE O SUPPLEMENT**

For The Year Ended December 31, 2021  
(To Be Filed by March 1)

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

**SUPPLEMENTAL SCHEDULE O - PART 1**

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

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2017	2 2018	3 2019	4 2020	5 2021(a)
1. Prior	4	3	3	3	192
2. 2017	17	18	18	18	18
3. 2018	XXX	15	15	15	15
4. 2019	XXX	XXX	15	15	15
5. 2020	XXX	XXX	XXX	8	9
6. 2021	XXX	XXX	XXX	XXX	7

**Section B - Other Accident and Health**

1. Prior	254	255	253	253	58,074
2. 2017	2,066	2,316	2,318	2,322	2,322
3. 2018	XXX	1,740	1,955	1,926	1,926
4. 2019	XXX	XXX	1,470	1,580	1,577
5. 2020	XXX	XXX	XXX	1,467	1,720
6. 2021	XXX	XXX	XXX	XXX	8,578

**Section C - Credit Accident and Health**

1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX				
5. 2020	XXX	XX	XXX		
6. 2021	XXX	XX		XXX	

**Section D -**

1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX				
5. 2020	XXX	XX	XXX		
6. 2021	XXX	XX		XXX	

**Section E -**

1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX				
5. 2020	XXX	XX	XXX		
6. 2021	XXX	XX		XXX	

**Section F -**

1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX				
5. 2020	XXX	XX	XXX		
6. 2021	XXX	XX		XXX	

**Section G -**

1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX				
5. 2020	XXX	XX	XXX		
6. 2021	XXX	XX		XXX	

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

SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O - PART 2**

Development of Incurred Losses  
(\$000 Omitted)

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	<b>NONE</b>				
2. 2017 .....					
3. 2018 .....					
4. 2019 .....					
5. 2020 .....					
6. 2021 .....					

**Section B - Other Accident and Health**

1. Prior .....	0	0	0	0	
2. 2017 .....	7	0	0		
3. 2018 .....	XXX	1	0		
4. 2019 .....	XXX	XXX	3		
5. 2020 .....	XXX	XXX	XXX	2	
6. 2021 .....	XXX	XXX	XXX	XXX	2

**Section C - Credit Accident and Health**

1. Prior .....	<b>NONE</b>				
2. 2017 .....					
3. 2018 .....					
4. 2019 .....					
5. 2020 .....					
6. 2021 .....					

**Section D -**

1. Prior .....	<b>NONE</b>				
2. 2017 .....					
3. 2018 .....					
4. 2019 .....					
5. 2020 .....					
6. 2021 .....					

**Section E -**

1. Prior .....	<b>NONE</b>				
2. 2017 .....					
3. 2018 .....					
4. 2019 .....					
5. 2020 .....					
6. 2021 .....					

**Section F -**

1. Prior .....	<b>NONE</b>				
2. 2017 .....					
3. 2018 .....					
4. 2019 .....					
5. 2020 .....					
6. 2021 .....					

**Section G -**

1. Prior .....	<b>NONE</b>				
2. 2017 .....					
3. 2018 .....					
4. 2019 .....					
5. 2020 .....					
6. 2021 .....					

SUPPLEMENT FOR THE YEAR 2021 OF THE Cigna National Health Insurance Company  
**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O - PART 3**

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

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. 2017 .....	21	18	18	XXX	XXX
2. 2018 .....	XXX	18	15	15	XXX
3. 2019 .....	XXX	XXX	17	15	15
4. 2020 .....	XXX	XXX	XXX	10	9
5. 2021 .....	XXX	XXX	XXX	XXX	9

**Section B - Other Accident and Health**

1. 2017 .....	2,298	2,318	2,318	XXX	XXX
2. 2018 .....	XXX	1,936	1,956	1,928	XXX
3. 2019 .....	XXX	XXX	1,630	1,582	1,578
4. 2020 .....	XXX	XXX	XXX	1,767	1,722
5. 2021 .....	XXX	XXX	XXX	XXX	10,279

**Section C - Credit Accident and Health**

1. 2017 .....				XXX	XXX
2. 2018 .....	XXX				XXX
3. 2019 .....	XXX				
4. 2020 .....	XXX	XX	XXX		
5. 2021 .....	XXX	XX	XXX	XXX	

NONE

**Section D -**

1. 2017 .....				XXX	XXX
2. 2018 .....	XXX				XXX
3. 2019 .....	XXX				
4. 2020 .....	XXX	XX	XXX		
5. 2021 .....	XXX	XX	XXX	XXX	

NONE

**Section E -**

1. 2017 .....				XXX	XXX
2. 2018 .....	XXX				XXX
3. 2019 .....	XXX				
4. 2020 .....	XXX	XX	XXX		
5. 2021 .....	XXX	XXX	XXX	XXX	

NONE

**Section F -**

1. 2017 .....				XXX	XXX
2. 2018 .....	XXX				XXX
3. 2019 .....	XXX				
4. 2020 .....	XXX	XX	XXX		
5. 2021 .....	XXX	XX	XXX	XXX	

NONE

**Section G -**

1. 2017 .....				XXX	XXX
2. 2018 .....	XXX				XXX
3. 2019 .....	XXX				
4. 2020 .....	XX	XX	XXX		
5. 2021 .....	XXX	XX	XXX	XXX	

NONE

**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O - PART 4**

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

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. 2017 .....	21	18	18		18
2. 2018 .....	XXX	18	15	15	15
3. 2019 .....	XXX	XXX	17	15	15
4. 2020 .....	XXX	XXX	XXX	10	9
5. 2021 .....	XXX	XXX	XXX	XXX	9

**Section B - Other Accident and Health**

1. 2017 .....	2,305	2,318	2,318		2,322
2. 2018 .....	XXX	1,937	1,956	1,928	1,927
3. 2019 .....	XXX	XXX	1,633	1,582	1,578
4. 2020 .....	XXX	XXX	XXX	1,769	1,722
5. 2021 .....	XXX	XXX	XXX	XXX	10,281

**Section C - Credit Accident and Health**

1. 2017 .....					
2. 2018 .....	XXX				
3. 2019 .....	XXX				
4. 2020 .....	XXX				
5. 2021 .....	XXX	XX	XXX	XXX	

**NONE**

**Section D -**

1. 2017 .....					
2. 2018 .....	XXX				
3. 2019 .....	XXX				
4. 2020 .....	XXX				
5. 2021 .....	XXX	XX	XXX	XXX	

**NONE**

**Section E -**

1. 2017 .....					
2. 2018 .....	XXX				
3. 2019 .....	XXX				
4. 2020 .....	XXX				
5. 2021 .....	XXX	XX	XXX	XXX	

**NONE**

**Section F -**

1. 2017 .....					
2. 2018 .....	XXX				
3. 2019 .....	XXX				
4. 2020 .....	XXX				
5. 2021 .....	XXX	XX	XXX	XXX	

**NONE**

**Section G -**

1. 2017 .....					
2. 2018 .....	XXX				
3. 2019 .....	XXX				
4. 2020 .....	XXX				
5. 2021 .....	XXX	XX	XXX	XXX	

**NONE**

**SUPPLEMENTAL SCHEDULE O - PART 5**

**(\$000 OMITTED)**

**Reserve and Liability Methodology - Exhibits 6 and 8**

Line of Business	1 Methodology	2 Amount
1. Industrial Life .....	None	
2. Ordinary Life .....	None	
3. Individual Annuity .....	None	
4. Supplementary Contracts .....	None	
5. Credit Life .....	None	
6. Group Life .....	None	
7. Group Annuities .....	None	
8. Group Accident and Health .....	Development	1
9. Credit Accident and Health .....	None	
10. Other Accident and Health .....	Development	1,704
11. Total .....		1,705

Health Care Receivables Supplement - Heading Information

**NONE**

Health Care Receivables Supplement - Exhibit 3 - Health Care Receivables

**NONE**

Health Care Receivables Supplement - Exhibit 3A - Health Care Receivables Collected and Accrued

**NONE**