



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

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

Cigna National Health Insurance Company

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

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

Country of DomicileUnited States of America

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

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

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

Main Administrative Office11501 Alterra Parkway, Suite 500Austin, TX, US 78758512-451-2224
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address11501 Alterra Parkway, Suite 500Austin, TX, US 78758
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records11501 Alterra Parkway, Suite 500Austin, TX, US 78758512-451-2224
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.CignaSupplementalBenefits.com

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

OFFICERS

President	Lindy Marie Hinman #	Secretary	Geneva Campbell Brown #
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	Joanne Ruth Hart, Vice President and Assistant Treasurer
Scott Ronald Lambert, Vice President and Assistant Treasurer	Mark Edmund Ochal #, General Manager	Kathleen Murphy O'Neil, Vice President
Daniel Ernest Paffumi #, Appointed Actuary	Drew Jerome Reynolds, Vice President and Assistant Treasurer	

DIRECTORS OR TRUSTEES

Lindy Marie Hinman #	Tracy Lyn Lobante #	Mark Edmund Ochal #
David Leroy Swanson	James Yablecki	

State ofPennsylvaniaSS

County ofPhiladelphia

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

Byron Keith Buescher Chief Accounting Officer and Treasurer	Geneva Campbell Brown Secretary	David Leroy Swanson Chief Fiancial Officer and Chief Actuary
--	------------------------------------	---

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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2022

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	15,049				15,049
2. Annuity considerations	7,400				7,400
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	22,449	0	0	0	22,449
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	25	1,511,708	0	(a) 0	0	0	0	0	25	1,511,708
21. Issued during year									0	0
22. Other changes to in force (Net)		164							0	164
23. In force December 31 of current year	25	1,511,873	0	(a) 0	0	0	0	0	25	1,511,873

(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)	5,000	5,390		1,943	1,888
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	848,798	823,264		611,353	683,185
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)	848,798	823,264	0	611,353	683,185
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	853,798	828,654	0	613,296	685,073

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	752				752
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	752	0	0	0	752
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,531				4,531
2. Annuity considerations	30,000				30,000
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	34,531	0	0	0	34,531
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	344				344
12. Surrender values and withdrawals for life contracts ..					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	344	0	0	0	344
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6	490,957	0	(a) 0	0	0	0	0	6	490,957
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
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)	18,400	18,131		6,821	7,964
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)	18,400	18,131	0	6,821	7,964
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,400	18,131	0	6,821	7,964

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2022

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	4,786				4,786
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,786	0	0	0	4,786
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	12,537				12,537
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	12,537	0	0	0	12,537
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	12,500							1	12,500
Settled during current year:										
18.1 By payment in full	1	12,500							1	12,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	12,500	0	0	0	0	0	0	1	12,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	12,500	0	0	0	0	0	0	1	12,500
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	8	92,250	0	(a) 0	0	0	0	0	8	92,250
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(32,250)							(4)	(32,250)
23. In force December 31 of current year	4	60,000	0	(a) 0	0	0	0	0	4	60,000

(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)	15,392	15,089		11,711	12,273
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)	15,392	15,089	0	11,711	12,273
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,392	15,089	0	11,711	12,273

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	422	0	(a) 0	0	0	0	0	1	422
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	390	0	(a) 0	0	0	0	0	1	390

(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)	21,210	20,086		42,528	44,214
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)	21,210	20,086	0	42,528	44,214
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,210	20,086	0	42,528	44,214

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,210				1,210
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,210	0	0	0	1,210
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	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)					
25.2 Guaranteed renewable (b)	2,658,547	2,557,036		2,148,155	2,387,472
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)	2,658,547	2,557,036	0	2,148,155	2,387,472
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,658,547	2,557,036	0	2,148,155	2,387,472

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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)	859	856		33	238
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)	859	856	0	33	238
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	859	856	0	33	238

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,892	7,885		5,579	6,288
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)	7,892	7,885	0	5,579	6,288
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,892	7,885	0	5,579	6,288

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(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)	946	944		52	132
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)	946	944	0	52	132
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	946	944	0	52	132

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	5,083				5,083
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,083	0	0	0	5,083
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..	4,154				4,154
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	4,154	0	0	0	4,154
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	2,000	0	0	0	0	0	0	1	2,000
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)	1	2,000	0	0	0	0	0	0	1	2,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	18	592,780	0	(a) 0	0	0	0	0	18	592,780
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(36,834)							(1)	(36,834)
23. In force December 31 of current year	17	555,946	0	(a) 0	0	0	0	0	17	555,946

(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

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)	115,712	113,872		110,391	117,343
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)	115,712	113,872	0	110,391	117,343
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	115,712	113,872	0	110,391	117,343

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products	110,712	110,592	0	110,591
insured under indemnity only products	0			



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	635		61		696
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	635	0	61	0	696
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..	1,174				1,174
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	1,174	0	0	0	1,174
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	10,579	0	(a) 0	0	0	0	0	2	10,579
21. Issued during year									0	0
22. Other changes to in force (Net)	1	25,000							1	25,000
23. In force December 31 of current year	3	35,579	0	(a) 0	0	0	0	0	3	35,579

(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)	4,669	4,293		4,368	4,249
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)	13,121	13,069		25,320	26,059
25.3 Non-renewable for stated reasons only (b)	3,751	3,114		1,077	1,896
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	16,872	16,183	0	26,397	27,955
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,541	20,476	0	30,765	32,204

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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)	1,904	1,901		1,011	1,249
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)	1,904	1,901	0	1,011	1,249
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,904	1,901	0	1,011	1,249

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2022

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	16,593	16,520		9,208	10,865
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)	16,593	16,520	0	9,208	10,865
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,593	16,520	0	9,208	10,865

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois
NAIC Group Code 0901

DURING THE YEAR 2022
NAIC Company Code 61727

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	9,738				9,738
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	9,738	0	0	0	9,738
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	16,062				16,062
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	16,062	0	0	0	16,062
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	4	16,000							4	16,000
18.1 By payment in full	4	16,000							4	16,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	16,000	0	0	0	0	0	0	4	16,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	16,000	0	0	0	0	0	0	4	16,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	20	183,500	0	(a) 0	0	0	0	0	20	183,500
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(16,000)							(4)	(16,000)
23. In force December 31 of current year	16	167,500	0	(a) 0	0	0	0	0	16	167,500

(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)	1,246	986		1,000	994
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	107,681	106,112		58,686	58,664
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)	107,681	106,112	0	58,686	58,664
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	108,927	107,098	0	59,686	59,658

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2022

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	36,790				36,790
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)	38,790	0	0	0	38,790
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	667				667
12. Surrender values and withdrawals for life contracts ..	1,865				1,865
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	2,532	0	0	0	2,532
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	70	4,100,758	0	(a) 0	0	0	0	0	70	4,100,758
21. Issued during year									0	0
22. Other changes to in force (Net)	(6)	(336,372)							(6)	(336,372)
23. In force December 31 of current year	64	3,764,386	0	(a) 0	0	0	0	0	64	3,764,386

(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	742		1,990	1,985
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,660,491	6,544,737		5,120,685	5,402,134
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)	6,660,491	6,544,737	0	5,120,685	5,402,134
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,661,233	6,545,479	0	5,122,675	5,404,119

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	(1)	0	0	0	0	0	0	0	(1)
17. Incurred during current year										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	(1)	0	0	0	0	0	0	0	(1)
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	22,001	0	(a) 0	0	0	0	0	2	22,001
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	2	22,001	0	(a) 0	0	0	0	0	2	22,001

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	39,850	39,807		22,825	22,725
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)	39,850	39,807	0	22,825	22,725
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	39,850	39,807	0	22,825	22,725

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	13,814				13,814
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	13,814	0	0	0	13,814
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	30,128				30,128
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	1,271				1,271
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	31,399	0	0	0	31,399
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	4	30,000							4	30,000
18.1 By payment in full	4	30,000							4	30,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	30,000	0	0	0	0	0	0	4	30,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	30,000	0	0	0	0	0	0	4	30,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	42	1,291,790	0	(a) 0	0	0	0	0	42	1,291,790
21. Issued during year									0	0
22. Other changes to in force (Net)	(7)	(97,975)							(7)	(97,975)
23. In force December 31 of current year	35	1,193,815	0	(a) 0	0	0	0	0	35	1,193,815

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	305	305			(297)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	1,608	1,608		2,411	2,401
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,088,863	2,022,525		1,293,053	1,494,914
25.3 Non-renewable for stated reasons only (b)	7,503	8,158		2,155	3,792
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,096,366	2,030,683	0	1,295,208	1,498,706
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,098,279	2,032,596	0	1,297,619	1,500,810

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	731				731
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	731	0	0	0	731
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,053				10,053
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	10,053	0	0	0	10,053
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	249,127	213,800		99,440	146,603
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)	249,127	213,800	0	99,440	146,603
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	249,127	213,800	0	99,440	146,603

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2022

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	279				279
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	279	0	0	0	279
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	730,878	715,257		428,031	492,558
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)	730,878	715,257	0	428,031	492,558
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	730,878	715,257	0	428,031	492,558

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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)	6,412	6,540		6,473	6,856
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)	6,412	6,540	0	6,473	6,856
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,412	6,540	0	6,473	6,856

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland
NAIC Group Code 0901

DURING THE YEAR 2022
NAIC Company Code 61727

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	641				641
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	641	0	0	0	641
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	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)		(126,862)							0	(126,862)
23. In force December 31 of current year	1	15,000	0	(a) 0	0	0	0	0	1	15,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,587,543	1,497,818		953,240	1,137,827
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)	1,587,543	1,497,818	0	953,240	1,137,827
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,587,543	1,497,818	0	953,240	1,137,827

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(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)	5,485	5,400		541	779
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)	5,485	5,400	0	541	779
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,485	5,400	0	541	779

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2022

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	4,315				4,315
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,315	0	0	0	4,315
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	43,660				43,660
12. Surrender values and withdrawals for life contracts ..	70,620				70,620
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	114,280	0	0	0	114,280
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	12	1,005,133	0	(a) 0	0	0	0	0	12	1,005,133
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(273,224)							(1)	(273,224)
23. In force December 31 of current year	11	731,909	0	(a) 0	0	0	0	0	11	731,909

(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)	1,456,761	1,424,475		1,082,065	1,203,458
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)	1,456,761	1,424,475	0	1,082,065	1,203,458
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,456,761	1,424,475	0	1,082,065	1,203,458

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota
NAIC Group Code 0901

DURING THE YEAR 2022
NAIC Company Code 61727

LIFE INSURANCE

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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)	10,403	10,375		2,837	3,183
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)	10,403	10,375	0	2,837	3,183
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,403	10,375	0	2,837	3,183

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	77,878	66,311		22,315	43,597
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)	77,878	66,311	0	22,315	43,597
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	77,878	66,311	0	22,315	43,597

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	15,737				15,737
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	15,737	0	0	0	15,737
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,011				5,011
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..	2,307				2,307
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	7,318	0	0	0	7,318
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
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
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	37	1,049,192	0	(a) 0	0	0	0	0	37	1,049,192
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(10,000)							(2)	(10,000)
23. In force December 31 of current year	35	1,039,192	0	(a) 0	0	0	0	0	35	1,039,192

(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)					
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)	26,641	26,618		20,638	20,504
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)	26,641	26,618	0	20,638	20,504
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	26,641	26,618	0	20,638	20,504

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana
NAIC Group Code 0901

DURING THE YEAR 2022
NAIC Company Code 61727

LIFE INSURANCE

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(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)	46,247	46,535		31,087	31,079
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)	46,247	46,535	0	31,087	31,079
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	46,247	46,535	0	31,087	31,079

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2022

NAIC Group Code 0901

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year								0	0
17.	Incurred during current year								0	0
Settled during current year:										
18.1	By payment in full								0	0
18.2	By payment on compromised claims								0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise								0	0
18.5	Amount rejected								0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year			(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)	122,599	122,644	84,524	83,529
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)	122,599	122,644	84,524	83,529
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	122,599	122,644	84,524	83,529

(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



DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	51,938	0	(a) 0	0	0	0	0	1	51,938
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	51,938	0	(a) 0	0	0	0	0	1	51,938

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

ACCIDENT AND HEALTH INSURANCE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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)	1,052	1,050		(30)	114
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)	1,052	1,050	0	(30)	114
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,052	1,050	0	(30)	114

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey
NAIC Group Code 0901

DURING THE YEAR 2022
NAIC Company Code 61727

LIFE INSURANCE

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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)	35,509	35,313		17,270	19,498
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	35,509	35,313	0	17,270	19,498
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,509	35,313	0	17,270	19,498

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(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)	1,552	1,550		17	154
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)	1,552	1,550	0	17	154
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,552	1,550	0	17	154

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2022

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	545				545
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	545	0	0	0	545
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
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)	13,444	13,301		11,475	12,505
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)	13,444	13,301	0	11,475	12,505
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,444	13,301	0	11,475	12,505

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2022

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	58,178				58,178
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	58,178	0	0	0	58,178
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	94,937				94,937
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	94,937	0	0	0	94,937
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	7	94,000							7	94,000
Settled during current year:										
18.1 By payment in full	7	94,000							7	94,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	94,000	0	0	0	0	0	0	7	94,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	94,000	0	0	0	0	0	0	7	94,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	100	2,346,184	0	(a) 0	0	0	0	0	100	2,346,184
21. Issued during year									0	0
22. Other changes to in force (Net)	(8)	(109,066)							(8)	(109,066)
23. In force December 31 of current year	92	2,237,118	0	(a) 0	0	0	0	0	92	2,237,118

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	4,676	4,680		3,865	3,837
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)	1,923,629	1,837,173		1,367,628	1,536,780
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)	1,923,629	1,837,173	0	1,367,628	1,536,780
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,928,305	1,841,853	0	1,371,493	1,540,617

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2022

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	726				726
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	726	0	0	0	726
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,458				2,458
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	2,458	0	0	0	2,458
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	2,455							1	2,455
Settled during current year:										
18.1 By payment in full	1	2,455							1	2,455
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	2,455	0	0	0	0	0	0	1	2,455
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	2,455	0	0	0	0	0	0	1	2,455
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	12,455	0	(a) 0	0	0	0	0	2	12,455
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(2,455)							(1)	(2,455)
23. In force December 31 of current year	1	10,000	0	(a) 0	0	0	0	0	1	10,000

(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)	20,037	24,388		8,960	8,864
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	20,037	24,388	0	8,960	8,864
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	20,037	24,388	0	8,960	8,864

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	67,140				67,140
2. Annuity considerations	35,730				35,730
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	102,870	0	0	0	102,870
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	484				484
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	536				536
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,020	0	0	0	1,020
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)	1,020	0	0	0	1,020
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	36,240				36,240
10. Matured endowments					0
11. Annuity benefits	103,309				103,309
12. Surrender values and withdrawals for life contracts ..	120,493				120,493
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	260,042	0	0	0	260,042
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	226	0	0	0	0	0	0	1	226
17. Incurred during current year Settled during current year:	8	37,070							8	37,070
18.1 By payment in full	6	36,000							6	36,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	36,000	0	0	0	0	0	0	6	36,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	36,000	0	0	0	0	0	0	6	36,000
19. Unpaid Dec. 31, current year (16+17-18.6)	3	1,296	0	0	0	0	0	0	3	1,296
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	198	6,149,869	0	(a) 0	0	0	0	0	198	6,149,869
21. Issued during year									0	0
22. Other changes to in force (Net)	(23)	(673,314)							(23)	(673,314)
23. In force December 31 of current year	175	5,476,555	0	(a) 0	0	0	0	0	175	5,476,555

(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)	1,726	1,757		5,170	2,804
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	13,968	14,084		10,215	10,040
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	180,378	146,178		45,782	82,882
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	180,378	146,178	0	45,782	82,882
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	196,072	162,019	0	61,167	95,726

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma
NAIC Group Code 0901

DURING THE YEAR 2022
NAIC Company Code 61727

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,851				2,851
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,851	0	0	0	2,851
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	5	200,000	0	(a) 0	0	0	0	0	5	200,000
21. Issued during year									0	0
22. Other changes to in force (Net)	3	19,750							3	19,750
23. In force December 31 of current year	8	219,750	0	(a) 0	0	0	0	0	8	219,750

(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)	129,722	116,120		56,861	79,924
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)	129,722	116,120	0	56,861	79,924
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	129,722	116,120	0	56,861	79,924

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	9,864	10,022		42,641	42,476
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)	9,864	10,022	0	42,641	42,476
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,864	10,022	0	42,641	42,476

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	6,895				6,895
2. Annuity considerations	350				350
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	7,245	0	0	0	7,245
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	4,350				4,350
12. Surrender values and withdrawals for life contracts ..	33,733				33,733
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	38,083	0	0	0	38,083
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,077,423	10,929,093		8,023,517	8,485,501
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)	11,077,423	10,929,093	0	8,023,517	8,485,501
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,077,423	10,929,093	0	8,023,517	8,485,501

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	14,371				14,371
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	14,371	0	0	0	14,371
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:						
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	41,490				41,490
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	3,394				3,394
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	44,884	0	0	0	44,884
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page	0	0	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year								0	0
17.	Incurred during current year	1	41,305						1	41,305
Settled during current year:										
18.1	By payment in full	1	41,305						1	41,305
18.2	By payment on compromised claims								0	0
18.3	Totals paid	1	41,305	0	0	0	0	0	1	41,305
18.4	Reduction by compromise								0	0
18.5	Amount rejected								0	0
18.6	Total settlements	1	41,305	0	0	0	0	0	1	41,305
19.	Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	30	1,542,724	0	(a) 0	0	0	0	30	1,542,724
21.	Issued during year								0	0
22.	Other changes to in force (Net)	(4)	(132,212)						(4)	(132,212)
23.	In force December 31 of current year	26	1,410,512	0	(a) 0	0	0	0	26	1,410,512

(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)	2,889,305	2,867,570	2,383,467	2,496,455
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)	2,889,305	2,867,570	0	2,383,467
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,889,305	2,867,570	0	2,383,467

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,702	5,701		5,137	5,288
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)	148,351	146,627		93,200	103,464
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)	148,351	146,627	0	93,200	103,464
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	154,053	152,328	0	98,337	108,752

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	8,289				8,289
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	8,289	0	0	0	8,289
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	717				717
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	717	0	0	0	717
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	18	753,138	0	(a) 0	0	0	0	0	18	753,138
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(25,000)							(1)	(25,000)
23. In force December 31 of current year	17	728,138	0	(a) 0	0	0	0	0	17	728,138

(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)	2,036,923	1,975,879		1,544,214	1,737,841
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)	2,036,923	1,975,879	0	1,544,214	1,737,841
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,036,923	1,975,879	0	1,544,214	1,737,841

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	14,450				14,450
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	14,450	0	0	0	14,450
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	12,578				12,578
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..	5,752				5,752
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	18,330	0	0	0	18,330
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	2	12,500							2	12,500
Settled during current year:										
18.1 By payment in full	2	12,500							2	12,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	12,500	0	0	0	0	0	0	2	12,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	12,500	0	0	0	0	0	0	2	12,500
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	33	562,644	0	(a) 0	0	0	0	0	33	562,644
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(27,534)							(4)	(27,534)
23. In force December 31 of current year	29	535,110	0	(a) 0	0	0	0	0	29	535,110

(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)	3,299	3,299		3,750	3,837
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	1,057	1,059			(58)
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	977,358	829,147		841,994	1,178,646
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)	977,358	829,147	0	841,994	1,178,646
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	981,714	833,505	0	845,744	1,182,425

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	93,024	0	(a) 0	0	0	0	0	1	93,024
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	93,024	0	(a) 0	0	0	0	0	1	93,024

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	940,030	923,613		833,906	910,771
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)	940,030	923,613	0	833,906	910,771
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	940,030	923,613	0	833,906	910,771

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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)	5,185	5,187		28,427	28,438
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)	5,185	5,187	0	28,427	28,438
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,185	5,187	0	28,427	28,438

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	43,546				43,546
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	43,546	0	0	0	43,546
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	53,363				53,363
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..	34,183				34,183
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	87,546	0	0	0	87,546
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	8	63,000							8	63,000
18.1 By payment in full	7	53,000							7	53,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	53,000	0	0	0	0	0	0	7	53,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	53,000	0	0	0	0	0	0	7	53,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	76	1,779,208	0	(a) 0	0	0	0	0	76	1,779,208
21. Issued during year									0	0
22. Other changes to in force (Net)	(10)	(82,374)							(10)	(82,374)
23. In force December 31 of current year	66	1,696,834	0	(a) 0	0	0	0	0	66	1,696,834

(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)	666,293	683,540		512,171	507,623
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)	666,293	683,540	0	512,171	507,623
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	666,293	683,540	0	512,171	507,623

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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)	14, 125	14, 115		4, 888	5, 741
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)	14, 125	14, 115	0	4, 888	5, 741
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14, 125	14, 115	0	4, 888	5, 741

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2022

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	5,054				5,054
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,054	0	0	0	5,054
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	19,248				19,248
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..	953				953
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	20,201	0	0	0	20,201
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	19,076							1	19,076
Settled during current year:										
18.1 By payment in full	1	19,076							1	19,076
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	19,076	0	0	0	0	0	0	1	19,076
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	19,076	0	0	0	0	0	0	1	19,076
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	11	621,151	0	(a) 0	0	0	0	0	11	621,151
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(19,076)							(1)	(19,076)
23. In force December 31 of current year	10	602,075	0	(a) 0	0	0	0	0	10	602,075

(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)	(22)	(21)			(8)
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	12,152	12,159		6,250	6,317
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)	12,152	12,159	0	6,250	6,317
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,130	12,138	0	6,250	6,309

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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)	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)	333,005	213,185		35,767	105,990
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	333,005	213,185	0	35,767	105,990
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	333,426	213,606	0	35,767	105,987

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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)	37,523	37,152		10,979	12,185
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)	37,523	37,152	0	10,979	12,185
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	37,523	37,152	0	10,979	12,185

(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Guam
NAIC Group Code 0901

DURING THE YEAR 2022
NAIC Company Code 61727

LIFE INSURANCE

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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 2022 OF THE Cigna National Health Insurance Company

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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise ..									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 61727

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(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 2022 OF THE Cigna National Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2022

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	341,661	0	61	0	341,722
2. Annuity considerations	75,480	0	0	0	75,480
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)	417,141	0	61	0	417,202
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	484	0	0	0	484
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	536	0	0	0	536
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,020	0	0	0	1,020
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)	1,020	0	0	0	1,020
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	334,105	0	0	0	334,105
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	152,331	0	0	0	152,331
12. Surrender values and withdrawals for life contracts ..	280,618	0	0	0	280,618
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	767,053	0	0	0	767,053
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	2,225	0	0	0	0	0	0	2	2,225
17. Incurred during current year Settled during current year:	39	342,906	0	0	0	0	0	0	39	342,906
18.1 By payment in full	36	331,836	0	0	0	0	0	0	36	331,836
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	36	331,836	0	0	0	0	0	0	36	331,836
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	36	331,836	0	0	0	0	0	0	36	331,836
19. Unpaid Dec. 31, current year (16+17-18.6)	5	13,295	0	0	0	0	0	0	5	13,295
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	752	25,861,367	0	(a) 0	0	0	0	0	752	25,861,367
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(74)	(1,965,665)	0	0	0	0	0	0	(74)	(1,965,665)
23. In force December 31 of current year	678	23,895,702	0	(a) 0	0	0	0	0	678	23,895,702

(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)	20,377	20,035	0	22,290	19,718
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)	24,020	24,269	0	17,559	17,239
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	39,752,684	38,628,837	0	29,099,558	31,931,075
25.3 Non-renewable for stated reasons only (b)	11,254	11,272	0	3,232	5,688
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)	39,763,938	38,640,109	0	29,102,790	31,936,763
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	39,808,335	38,684,413	0	29,142,639	31,973,720

(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 2022 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		(838)
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)		(838)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)		1,565
6. Reserve as of December 31, current year (Line 4 minus Line 5)		(2,403)

AMORTIZATION				
Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2022	1,565	0	0	1,565
2. 2023	275	0	0	275
3. 2024	(304)	0	0	(304)
4. 2025	(404)	0	0	(404)
5. 2026	(376)	0	0	(376)
6. 2027	(257)	0	0	(257)
7. 2028	(212)	0	0	(212)
8. 2029	(228)	0	0	(228)
9. 2030	(244)	0	0	(244)
10. 2031	(228)	0	0	(228)
11. 2032	(181)	0	0	(181)
12. 2033	(134)	0	0	(134)
13. 2034	(82)	0	0	(82)
14. 2035	(28)	0	0	(28)
15. 2036	0	0	0	0
16. 2037	0	0	0	0
17. 2038	0	0	0	0
18. 2039	0	0	0	0
19. 2040	0	0	0	0
20. 2041	0	0	0	0
21. 2042	0	0	0	0
22. 2043	0	0	0	0
23. 2044	0	0	0	0
24. 2045	0	0	0	0
25. 2046	0	0	0	0
26. 2047	0	0	0	0
27. 2048	0	0	0	0
28. 2049	0	0	0	0
29. 2050	0	0	0	0
30. 2051	0	0	0	0
31. 2052 and Later		0	0	0
32. Total (Lines 1 to 31)	(838)	0	0	(838)

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	0	0	0	0	0	0	0
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)	0	0	0	0	0	0	0
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)	0	0	0	0	0	0	0
12. Balance before transfers (Lines 8 + 11)	0	0	0	0	0	0	0
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	0	0	0	0	0	0	0

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	4,495,730	XXX	XXX	4,495,730	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
2.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0004	0	0.0011	0	0.0023	0
2.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
2.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0007	0	0.0022	0	0.0044	0
2.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0009	0	0.0027	0	0.0055	0
2.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
2.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0014	0	0.0042	0	0.0085	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	0.0063	0	0.0105	0
3.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
3.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0036	0	0.0108	0	0.0180	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	0.0069	0	0.0183	0	0.0262	0
4.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
4.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0131	0	0.0350	0	0.0500	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	0.0184	0	0.0430	0	0.0615	0
5.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
5.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	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	0.0472	0	0.0846	0	0.1410	0
6.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
6.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	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)	4,495,730	XXX	XXX	4,495,730	XXX	0	XXX	0	XXX	0
PREFERRED STOCKS												
10.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
SHORT-TERM BONDS												
18.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0004	0	0.0011	0	0.0023	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
19.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0007	0	0.0022	0	0.0044	0
19.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0009	0	0.0027	0	0.0055	0
19.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
19.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0014	0	0.0042	0	0.0085	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	0.0063	0	0.0105	0
20.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0036	0	0.0108	0	0.0180	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	0.0069	0	0.0183	0	0.0262	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0131	0	0.0350	0	0.0500	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	0.0184	0	0.0430	0	0.0615	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	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	0.0472	0	0.0846	0	0.1410	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	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
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	4,495,730	XXX	XXX	4,495,730	XXX	0	XXX	0	XXX	0

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

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

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
2.		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0061	0	0.0097	0
4.		Affiliated - Life with AVR	5,998,723	XXX	XXX	5,998,723	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)	5,998,723	0	0	5,998,723	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 Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF 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
		RESIDUAL TRANCHES OR INTERESTS										
81.		Fixed Income Instruments - Unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
82.		Fixed Income Instruments - Affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
83.		Common Stock - Unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
84.		Common Stock - Affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
85.		Preferred Stock - Unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
86.		Preferred Stock - Affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
87.		Real Estate - Unaffiliated				0	0.0000	0	0.1580	0	0.1580	0
88.		Real Estate - Affiliated				0	0.0000	0	0.1580	0	0.1580	0
89.		Mortgage Loans - Unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
90.		Mortgage Loans - Affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
91.		Other - Unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
92.		Other - Affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
93.		Total Residual Tranches or Interests (Sum of Lines 81 through 92)	0	0	0	0	XXX	0	XXX	0	XXX	0
		ALL OTHER INVESTMENTS										
94.		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0042	0	0.0042	0
95.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0137	0	0.0137	0
96.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1580	0	0.1580	0
97.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1580	0	0.1580	0
98.		Total All Other (Sum of Lines 94, 95, 96 and 97)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
99.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)	0	0	0	0	XXX	0	XXX	0	XXX	0

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).

(b) Determined using the same factors and breakdowns used for directly owned real estate.

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

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

Schedule F - Claims
N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written	38,787,203	XXX		XXX		XXX	38,730,140	XXX		XXX	27,268	XXX		XXX
2. Premiums earned	38,196,321	XXX		XXX		XXX	38,138,742	XXX		XXX	27,256	XXX		XXX
3. Incurred claims	31,672,254	82.9	0	0.0	0	0.0	31,630,549	82.9	0	0.0	21,823	80.1	0	0.0
4. Cost containment expenses	10,377	0.0		0.0		0.0	10,377	0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	31,682,631	82.9	0	0.0	0	0.0	31,640,926	83.0	0	0.0	21,823	80.1	0	0.0
6. Increase in contract reserves	43,340	0.1	0	0.0	0	0.0	(2,748)	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a)	7,398,926	19.4		0.0		0.0	7,399,582	19.4		0.0	(350)	(1.3)		0.0
8. Other general insurance expenses	16,160,460	42.3		0.0		0.0	16,145,704	42.3		0.0	4,413	16.2		0.0
9. Taxes, licenses and fees	1,212,837	3.2	149	0.0		0.0	1,210,795	3.2		0.0	779	2.9		0.0
10. Total other expenses incurred	24,772,223	64.9	149	0.0	0	0.0	24,756,081	64.9	0	0.0	4,842	17.8	0	0.0
11. Aggregate write-ins for deductions	7,707	0.0	0	0.0	0	0.0	7,731	0.0	0	0.0	(14)	(0.1)	0	0.0
12. Gain from underwriting before dividends or refunds .	(18,309,580)	(47.9)	(149)	0.0	0	0.0	(18,263,248)	(47.9)	0	0.0	605	2.2	0	0.0
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	(18,309,580)	(47.9)	(149)	0.0	0	0.0	(18,263,248)	(47.9)	0	0.0	605	2.2	0	0.0
DETAILS OF WRITE-INS														
1101. Loading	6,704	0.0		0.0		0.0	6,729	0.0		0.0	(14)	(0.1)		0.0
1102. Penalties	970	0.0		0.0		0.0	969	0.0		0.0		0.0		0.0
1103. Express Script rebates	33	0.0		0.0		0.0	33	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
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	7,707	0.0	0	0.0	0	0.0	7,731	0.0	0	0.0	(14)	(0.1)	0	0.0

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written		XXX		XXX		XXX		XXX		XXX	29,795	XXX
2. Premiums earned		XXX		XXX		XXX		XXX		XXX	30,323	XXX
3. Incurred claims	0	0.0	0	0.0	0	0.0	592	0.0	0	0.0	19,290	63.6
4. Cost containment expenses		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	0	0.0	0	0.0	0	0.0	592	0.0	0	0.0	19,290	63.6
6. Increase in contract reserves	0	0.0	0	0.0	0	0.0	7,749	0.0	0	0.0	38,339	126.4
7. Commissions (a)		0.0		0.0		0.0		0.0		0.0	(306)	(1.0)
8. Other general insurance expenses		0.0		0.0		0.0	109	0.0		0.0	10,234	33.7
9. Taxes, licenses and fees		0.0		0.0		0.0		0.0		0.0	1,114	3.7
10. Total other expenses incurred	0	0.0	0	0.0	0	0.0	109	0.0	0	0.0	11,042	36.4
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(10)	0.0
12. Gain from underwriting before dividends or refunds .	0	0.0	0	0.0	0	0.0	(8,450)	0.0	0	0.0	(38,338)	(126.4)
13. Dividends or refunds		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	0	0.0	0	0.0	0	0.0	(8,450)	0.0	0	0.0	(38,338)	(126.4)
DETAILS OF WRITE-INS												
1101. Loading		0.0		0.0		0.0		0.0		0.0	(11)	0.0
1102. Penalties		0.0		0.0		0.0		0.0		0.0	1	0.0
1103. Express Script rebates		0.0		0.0		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
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(10)	0.0

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

PART 2. - RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Premium Reserves:													
1. Unearned premiums	1,277,359			1,272,769		604							3,986
2. Advance premiums	1,351,676			1,351,140		461							75
3. Reserve for rate credits	0												
4. Total premium reserves, current year	2,629,035	0	0	2,623,909	0	1,065	0	0	0	0	0	0	4,061
5. Total premium reserves, prior year	1,373,566			1,367,677		1,241							4,648
6. Increase in total premium reserves	1,255,469	0	0	1,256,232	0	(176)	0	0	0	0	0	0	(587)
B. Contract Reserves:													
1. Additional reserves (a)	194,429			21,260							48,756		124,413
2. Reserve for future contingent benefits	0												
3. Total contract reserves, current year	194,429	0	0	21,260	0	0	0	0	0	0	48,756	0	124,413
4. Total contract reserves, prior year	151,089			24,008							41,007		86,074
5. Increase in contract reserves	43,340	0	0	(2,748)	0	0	0	0	0	0	7,749	0	38,339
C. Claim Reserves and Liabilities:													
1. Total current year	4,545,481	0	0	4,527,986	0	1,483	0	0	0	0	1,173	0	14,839
2. Total prior year	1,705,544			1,686,932		1,586					1,322		15,704
3. Increase	2,839,937	0	0	2,841,054	0	(103)	0	0	0	0	(149)	0	(865)

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	1,503,330			1,502,008		1,177					145		
1.2 On claims incurred during current year	27,328,987			27,287,487		20,749					596		20,155
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	5,347			1,803									3,544
2.2 On claims incurred during current year	4,540,134			4,526,183		1,483					1,173		11,295
3. Test:													
3.1 Lines 1.1 and 2.1	1,508,677	0	0	1,503,811	0	1,177	0	0	0	0	145	0	3,544
3.2 Claim reserves and liabilities, December 31, prior year	1,705,544			1,686,932		1,586					1,322		15,704
3.3 Line 3.1 minus Line 3.2	(196,867)	0	0	(183,121)	0	(409)	0	0	0	0	(1,177)	0	(12,160)

PART 4. - REINSURANCE

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Reinsurance Assumed:													
1. Premiums written	0												
2. Premiums earned	0												
3. Incurred claims	0												
4. Commissions	0												
B. Reinsurance Ceded:													
1. Premiums written	507,967	11,254		461,164		16,752							18,797
2. Premiums earned	516,928	11,254		469,472		16,740							19,462
3. Incurred claims	299,231	5,689		263,786		13,690					201		15,865
4. Commissions	47,781			41,733		3,022							3,026

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims	5,689		31,894,333		33,232					792		37,437	31,971,483
2. Beginning claim reserves and liabilities			1,736,383		3,065					21,130		26,887	1,787,465
3. Ending claim reserves and liabilities	2,457		4,566,749		2,859					18,743		25,501	4,616,309
4. Claims paid	3,232	0	29,063,967	0	33,438	0	0	0	0	3,179	0	38,823	29,142,639
B. Assumed Reinsurance:													
1. Incurred claims													0
2. Beginning claim reserves and liabilities													0
3. Ending claim reserves and liabilities													0
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Ceded Reinsurance:													
1. Incurred claims	5,689		263,786		13,690					201		15,865	299,231
2. Beginning claim reserves and liabilities			123,079		1,479					20,350		15,955	160,863
3. Ending claim reserves and liabilities	2,457		97,064		4,516					17,517		12,084	133,638
4. Claims paid	3,232	0	289,801	0	10,653	0	0	0	0	3,034	0	19,736	326,456
D. Net:													
1. Incurred claims	0	0	31,630,547	0	19,542	0	0	0	0	591	0	21,572	31,672,252
2. Beginning claim reserves and liabilities	0	0	1,613,304	0	1,586	0	0	0	0	780	0	10,932	1,626,602
3. Ending claim reserves and liabilities	0	0	4,469,685	0	(1,657)	0	0	0	0	1,226	0	13,417	4,482,671
4. Claims paid	0	0	28,774,166	0	22,785	0	0	0	0	145	0	19,087	28,816,183
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses	0	0	31,640,926	0	21,823	0	0	0	0	592	0	19,290	31,682,631
2. Beginning reserves and liabilities			1,613,304		1,586					780		13,214	1,628,884
3. Ending reserves and liabilities			4,469,685		(1,657)					1,226		13,417	4,482,671
4. Paid claims and cost containment expenses	0	0	28,784,545	0	25,066	0	0	0	0	146	0	19,087	28,828,844

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

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

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance	
								9	10		12	13			
															Current Year
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	
63312	..13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	CO/I	OL	7,538,652	1,187,015	1,309,720	192,169					
63312	..13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	CO/I	FA		3,639,035	3,554,842	37,740					
88340	..59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	CO/I	FA		3,640,241	3,538,307	37,740					
88340	..59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	OL	7,142,252	500,140	569,465	92,860					
88099	..75-1608507	10/12/2004	Optimum Re	TX	YRT/I	OL	855,412	6,000	5,782	10,389					
82627	..06-0839705	01/01/2005	Swiss Re Life & Health	MO	CO/I	OL	7,353,766	264,655	273,480	19,656					
71404	..47-0463747	01/01/2006	Continental General Insurance Company	TX	CO/I	FA		266,138	322,773						
71404	..47-0463747	01/01/2006	Continental General Insurance Company	TX	CO/I	OL	1,005,621	8,462	24,308	3,771					
60836	..42-0113630	08/01/2006	American Republic Insurance Company	IA	CO/G	OL			61						
0899999. General Account - Authorized U.S. Non-Affiliates								23,895,703	9,511,686	9,598,677	394,385	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates								23,895,703	9,511,686	9,598,677	394,385	0	0	0	0
1199999. Total General Account Authorized								23,895,703	9,511,686	9,598,677	394,385	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								23,895,703	9,511,686	9,598,677	394,385	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 2022 OF THE Cigna National Health Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance	
								9	10		12	13			
								Current Year	Prior Year		Current Year	Prior Year			
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)								23,895,703	9,511,686	9,598,677	394,385	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								23,895,703	9,511,686	9,598,677	394,385	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/G	A	0	25	0				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/G	D	5,484	47	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	49,927				
88340	59-2859797	01/01/1998	Hannover Life Reassurance Company of Ame	FL	OTH/G	LTDI	0	0	2,342				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/I	A	293	0	97,672				
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	460,763	35,534	4,012				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/I	SD	15,628	2,683	18,290				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of Ame	FL	OTH/I	D	11,269	553	0				
88340	59-2859797	01/01/1998	Hannover Life Reassurance Company of Ame	FL	OTH/I	SD	2,620	785	0				
67679	23-1609793	08/01/2006	American Republic Insurance Company	IA	OTH/I	CMM	11,254	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	103	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	14,053				
0899999. General Account - Authorized U.S. Non-Affiliates							507,566	39,762	186,296	0	0	0	0
00000	AA-1122000	07/01/2019	Lloyds of London	GBR	CAT/G	OM	401						
00000	AA-1122000	07/01/2019	Lloyds of London	GBR	CAT/G	A	0						
0999999. General Account - Authorized Non-U.S. Non-Affiliates							401	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							507,967	39,762	186,296	0	0	0	0
1199999. Total General Account Authorized							507,967	39,762	186,296	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							507,967	39,762	186,296	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 2022 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)							507,566	39,762	186,296	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)							401	0	0	0	0	0	0
9999999 - Totals							507,967	39,762	186,296	0	0	0	0

Schedule S - Part 4
N O N E

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

Schedule S - Part 5
N O N E

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

SCHEDULE S - PART 6

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

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	902	1,171	1,372	1,550	1,786
2. Commissions and reinsurance expense allowances	56	78	97	117	144
3. Contract claims	585	1,098	1,035	1,171	1,319
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded	0	0	0		
7. Increase in aggregate reserve for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	243	287	357	394	455
9. Aggregate reserves for life and accident and health contracts	9,738	9,791	10,175	10,295	10,566
10. Liability for deposit-type contracts	22	24	27	29	31
11. Contract claims unpaid	86	171	222	232	381
12. Amounts recoverable on reinsurance	63	129	127	155	171
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset	0	0	0		
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0		
19. Letters of credit (L)	0	0	0		
20. Trust agreements (T)	0	0	0		
21. Other (O)	0	0	0		
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	13,576,290		13,576,290
2. Reinsurance (Line 16)	78,804	(78,804)	0
3. Premiums and considerations (Line 15)	(13,270)	242,880	229,610
4. Net credit for ceded reinsurance	XXX	9,659,825	9,659,825
5. All other admitted assets (balance)	631,957		631,957
6. Total assets excluding Separate Accounts (Line 26)	14,273,781	9,823,901	24,097,682
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	14,273,781	9,823,901	24,097,682
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	1,472,958	9,716,234	11,189,192
10. Liability for deposit-type contracts (Line 3)	0	21,511	21,511
11. Claim reserves (Line 4)	4,544,158	86,156	4,630,314
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	0		0
13. Premium & annuity considerations received in advance (Line 8)	1,351,676		1,351,676
14. Other contract liabilities (Line 9)	21,208		21,208
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
19. All other liabilities (balance)	3,215,372		3,215,372
20. Total liabilities excluding Separate Accounts (Line 26)	10,605,372	9,823,901	20,429,273
21. Separate Account liabilities (Line 27)	0		0
22. Total liabilities (Line 28)	10,605,372	9,823,901	20,429,273
23. Capital & surplus (Line 38)	3,668,409	XXX	3,668,409
24. Total liabilities, capital & surplus (Line 39)	14,273,781	9,823,901	24,097,682
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	9,716,234		
26. Claim reserves	86,156		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	21,511		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	78,804		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	9,902,705		
34. Premiums and considerations	242,880		
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	242,880		
41. Total net credit for ceded reinsurance	9,659,825		

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

Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	15,049	7,400			0	22,449
2.	Alaska	AK	752	0			0	752
3.	Arizona	AZ	4,531	30,000			0	34,531
4.	Arkansas	AR	4,786	0			0	4,786
5.	California	CA	12	0			0	12
6.	Colorado	CO	1,210	0			0	1,210
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	5,083	0			0	5,083
11.	Georgia	GA	696	0			0	696
12.	Hawaii	HI	0	0			0	0
13.	Idaho	ID	265	0			0	265
14.	Illinois	IL	9,738	0			0	9,738
15.	Indiana	IN	36,790	2,000			0	38,790
16.	Iowa	IA	1,906	0			0	1,906
17.	Kansas	KS	13,814	0			0	13,814
18.	Kentucky	KY	731	0			0	731
19.	Louisiana	LA	279	0			0	279
20.	Maine	ME	0	0			0	0
21.	Maryland	MD	641	0			0	641
22.	Massachusetts	MA	0	0			0	0
23.	Michigan	MI	4,315	0			0	4,315
24.	Minnesota	MN	0	0			0	0
25.	Mississippi	MS	815	0			0	815
26.	Missouri	MO	15,737	0			0	15,737
27.	Montana	MT	0	0			0	0
28.	Nebraska	NE	0	0			0	0
29.	Nevada	NV	550	0			0	550
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	545	0			0	545
34.	North Carolina	NC	58,178	0			0	58,178
35.	North Dakota	ND	726	0			0	726
36.	Ohio	OH	67,141	35,730			0	102,871
37.	Oklahoma	OK	2,851	0			0	2,851
38.	Oregon	OR	0	0			0	0
39.	Pennsylvania	PA	6,895	350			0	7,245
40.	Rhode Island	RI	0	0			0	0
41.	South Carolina	SC	14,371	0			0	14,371
42.	South Dakota	SD	0	0			0	0
43.	Tennessee	TN	8,289	0			0	8,289
44.	Texas	TX	14,450	0			0	14,450
45.	Utah	UT	1,563	0			0	1,563
46.	Vermont	VT	0	0			0	0
47.	Virginia	VA	43,546	0			0	43,546
48.	Washington	WA	0	0			0	0
49.	West Virginia	WV	5,054	0			0	5,054
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		341,722	75,480	0	0	0	417,202

ANNUAL STATEMENT FOR THE YEAR 2022 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 Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901...	Cigna Group		46-2332355				1EQ Inc. (d/b/a Babyscripts)	..DE....	..NIA.....	Cigna Ventures, LLC	Ownership.....	..10.100...	Cigna Corporation	NO.....	
.0901...	Cigna Group		88-1945947				73 Pond Street Apartments Venture, L.L.C.	..DE....	..NIA.....	CARING Waltham Investor LLC	Ownership.....	..90.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		00-0000000				680 Investors LLC	..CA....	..NIA.....	SB-SNH LLC	Ownership.....	..85.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		00-0000000				685 New Hampshire LLC	..CA....	..NIA.....	SB-SNH LLC	Ownership.....	..85.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		82-4794800				9171 Wilshire CPI-CII LLC	..DE....	..NIA.....	CPI-CII 9171 Wilshire JV LLC	Ownership.....	..90.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		86-1712743				ABL Apartments Venture, L.L.C.	..DE....	..NIA.....	CARING ABS Investor LLC	Ownership.....	..90.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		88-4202407				ABL Holding Co., L.L.C.	..DE....	..NIA.....	CARING Brinkman Investor LLC	Ownership.....	..73.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		88-3747773				ABL Townhomes Venture, L.L.C.	..DE....	..NIA.....	CARING Brinkman Investor LLC	Ownership.....	..75.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		85-1046126				ABS Apartments Venture, L.L.C.	..DE....	..NIA.....	CARING ABS Investor LLC	Ownership.....	..90.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		11-3358535				Accredo Health Group, Inc.	..DE....	..NIA.....	Accredo Health, Incorporated	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		55-0894449				Accredo Health, Incorporated	..DE....	..NIA.....	Medco Health Solutions, Inc.	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		87-4355549				AGA Apartments Venture, L.L.C.	..DE....	..NIA.....	CARING Galleria Investor LLC	Ownership.....	..70.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		13-3888838				AHG of New York, Inc.	..NY....	..NIA.....	Accredo Health, Incorporated	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		75-3040465				Airport Holdings, LLC	..NJ....	..NIA.....	Express Scripts, Inc.	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		35-2562415				Alegis Care Services, LLC	..DE....	..NIA.....	Home Physicians Management, LLC	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		85-0909305				Alegis Care Services of Colorado, LLC	..CO....	..NIA.....	Home Physicians Management, LLC	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		81-0400550				Allegiance Benefit Plan Management, Inc.	..MT....	..NIA.....	Benefit Management Corp.	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		03-0507057				Allegiance Care Management, LLC	..MT....	..NIA.....	Benefit Management Corp.	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		71-0916514				Allegiance COBRA Services, Inc.	..MT....	..NIA.....	Benefit Management Corp.	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group	12814	20-4433475				Allegiance Life & Health Insurance Company	..MT....	..IA.....	Benefit Management Corp.	Ownership.....	..95.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		26-2201582				Allegiance Provider Direct, LLC	..MT....	..NIA.....	Benefit Management Corp.	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		20-3851464				Allegiance Re, Inc.	..MT....	..IA.....	Benefit Management Corp.	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	..OH....	..IA.....	Loyal American Life Insurance Company	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		87-4023291				AOP II Apartments Venture, L.L.C.	..DE....	..IA.....	CARING Optimist Park II Investor LLC	Ownership.....	..90.000...	Cigna Corporation	NO.....	
							Cigna Affiliates Realty Investment Group, LLC			Cigna Affiliates Realty Investment Group, LLC	Ownership.....	..90.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		82-3315524				Arbor Heights Venture LLC	..DE....	..NIA.....	Cigna Ventures, LLC	Ownership.....	..11.100...	Cigna Corporation	NO.....	
.0901...	Cigna Group		46-4080861				AristaMD, Inc.	..DE....	..NIA.....	Healthsource, Inc.	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		86-3581583				Arizona Health Plan, Inc.	..AZ....	..NIA.....	Cigna Spruce Holdings GmbH	Ownership.....	..80.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		00-0000000				Ascent Health Services LLC	..DE....	..NIA.....	CARING St. Matthew's Investor LLC	Ownership.....	..90.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		86-1750832				ASM Apartments Venture, L.L.C.	..MT....	..NIA.....	Connecticut General Corporation	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		81-0585518				Benefit Management Corp.			Cigna Affiliates Realty Investment Group, LLC	Ownership.....	..85.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		81-2650133				Berewick Apartments LLC	..DE....	..NIA.....	Accredo Health, Incorporated	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		43-1815573				Biopartners in Care, Inc.	..MO....	..NIA.....	NewQuest Management Northeast, LLC	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group	10095	52-2259087				Bravo Health Mid-Atlantic, Inc.	..MD....	..IA.....	NewQuest Management Northeast, LLC	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group	11524	52-2363406				Bravo Health Pennsylvania, Inc.	..PA....	..IA.....	MDLive, Inc.	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		00-0000000				Breakthrough Behavioral, Inc.	..DE....	..IA.....	Breakthrough Behavioral, Inc.	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		00-0000000				Breakthrough Behavioral of Texas, Inc.	..TX....	..IA.....	Connecticut General Corporation	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		27-1713977				Brighter, Inc.	..DE....	..NIA.....	Cigna Ventures, LLC	Ownership.....	..12.200...	Cigna Corporation	NO.....	
.0901...	Cigna Group		46-4918521				Buoy Health, Inc.	..DE....	..NIA.....	Cigna Health and Life Insurance Company	Ownership.....	..15.500...	Cigna Corporation	NO.....	
.0901...	Cigna Group		47-4991296				Bright Health Group, Inc.	..DE....	..NIA.....	SpectraCare Health Care Ventures, Inc.	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		61-1162797				Care Continuum, Inc.	..KY....	..NIA.....	CareAllies Accountable Care Collaborative LLC	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		85-0954556				CareAllies Accountable Care Network LLC	..DE....	..NIA.....	CareAllies, Inc.	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		85-0935554				CareAllies Accountable Care Solutions LLC	..DE....	..NIA.....	CareAllies, Inc.	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		00-0000000				CareAllies, Inc.	..DE....	..NIA.....	Cigna Holdings, Inc.	Ownership.....	..100.000...	Cigna Corporation	NO.....	
.0901...	Cigna Group		26-0180898				CareAllies, LLC	..DE....	..NIA.....	Connecticut General Life Insurance Company	Ownership.....	..100.000...	Cigna Corporation	NO.....	

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0901 ...	Cigna Group	 10144	20-1089572 ..				CareCore NJ, LLC	.. NJ.....	 IA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		45-2681649 ..				CarePlexus, LLC	.. DE.....	 NIA.....	Cigna Health and Life Insurance Company ...	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		83-1400586 ..				CARING 18th & Salmon Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		83-2562994 ..				CARING 500 Ygnacio Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		84-1960231 ..				CARING 3130 Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		83-2318410 ..				CARING 9171 Wilshire Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		85-4247420 ..				CARING ABS Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		83-2851501 ..				CARING Alta Duraleigh Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		83-2851501 ..				CARING Alta Englewood Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		85-2966766 ..				CARING Alta Leander Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		83-2563284 ..				CARING Alta Woodson Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		85-2966766 ..				CARING Avondale Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		87-1992977 ..				CARING Berwyn Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		86-1885283 ..				CARING Brinkman Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		32-0570889 ..				CARING Capitol Hill GP LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		37-1903297 ..				CARING Capitol Hill LP LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		83-2851364 ..				CARING Century Plaza Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		85-4265529 ..				CARING Deco Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		85-2912145 ..				CARING Elan I Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		87-0928526 ..				CARING Elan II Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		83-3701937 ..				CARING Firestone Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		87-4803572 ..				CARING Galleria Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				CARING JA Lofts Investor LP LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				CARING JA Lofts Investor GP LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 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	 NO.....	
. 0901 ...	Cigna Group		83-1400482 ..				CARING Hillcrest Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		84-4410554 ..				CARING IBP Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	 NO.....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0901 ...	Cigna Group		85-1961034 ..				CARING Interbay Investor GP LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		85-1984627 ..				CARING Interbay Investor LP LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		83-2339522 ..				CARING Mallory Square Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		85-4265529 ..				CARING Montclair Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		83-2563138 ..				CARING Soma Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		83-2633790 ..				CARING Alexan Enclave Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		83-2633886 ..				CARING Orange Collection Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		86-2627703 ..				CARING Optimist Park II Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		87-2031777 ..				CARING Slabtown Investor, LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		83-8294933 ..				CARING South Coast Subsidiary LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... 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	... NO.....	
. 0901 ...	Cigna Group		88-2074593 ..				CARING Waltham Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		38-4085763 ..				CARING Westcore Holding Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		87-3646420 ..				CARING Westcore Holding II Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		83-3923178 ..				CARING XR International Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		83-4317078 ..				CARING XR 2 International Investor LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		84-1843578 ..				CGGL XR 2 International JV LLC	.. DE.....	 NIA.....	CARING XR 2 International Investor LLC ...	Ownership.....	.. 90.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		84-1843578 ..				CGGL XR 2 International Mezz LLC	.. DE.....	 NIA.....	CARING XR 2 International Investor LLC ...	Ownership.....	.. 90.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		45-2604992 ..				CCN MMO, LLC	.. NY.....	 NIA.....	eviCore healthcare MSI, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		33-1039759 ..				CCN-WNY IPA, LLC	.. NY.....	 NIA.....	eviCore healthcare MSI, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		34-1970892 ..				Ceres Sales of Ohio, LLC	.. OH.....	 NIA.....	Cigna Health and Life Insurance Company ...	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		06-1332403 ..				CG Individual Tax Benefit Payments, Inc.	.. DE.....	 NIA.....	Connecticut General Corporation	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		06-1332405 ..				CG Life Pension Benefits Payments, Inc.	.. DE.....	 NIA.....	Connecticut General Corporation	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		06-1332401 ..				CG LINA Pension Benefits Payments, Inc.	.. DE.....	 NIA.....	Connecticut General Corporation	Ownership.....	.. 100.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		84-2083351 ..				CG-AQ 477 South Market Street LLC	.. DE.....	 NIA.....	CARING Firestone Investor LLC	Ownership.....	.. 85.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		84-4773972 ..				CG-LEDO IBP Venture LLC	.. DE.....	 NIA.....	CARING IBP Investor LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		84-4747045 ..				CG-LEDO IBP I LLC	.. DE.....	 NIA.....	CARING IBP Investor LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		84-4755025 ..				CG-LEDO IBP II LLC	.. DE.....	 NIA.....	CARING IBP Investor LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		83-2993316 ..				CG-Muller 550 Winchester, LLC	.. DE.....	 NIA.....	CARING Century Plaza Investor LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		45-5499889 ..				CG Seventh Street, LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 87.500 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		85-0734624 ..				CG/Wood Alta Duraleigh, LLC	.. DE.....	 NIA.....	CARING Alta Duraleigh Investor LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		85-0655107 ..				CG/Wood Alta Duraleigh Owner, LLC	.. DE.....	 NIA.....	CARING Alta Duraleigh Investor LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		87-2928410 ..				CG/Wood Alta Duraleigh Townhome, LLC	.. DE.....	 NIA.....	CARING Alta Duraleigh Investor LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	... NO.....	
. 0901 ...	Cigna Group		82-1280312 ..				CG/Wood Alta 601, LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	... NO.....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group		85-2233381				CG/Wood Alta Leander Station, LLC	..DE.....	..NIA.....	CARING Alta Leander Investor LLC	Ownership.....	..90.000	Cigna Corporation	NO.....	
.0901	Cigna Group		81-3313562				CGGL City Parkway LLC	..DE.....	..NIA.....	CGGL Orange Collection LLC	Ownership.....	..90.000	Cigna Corporation	NO.....	
.0901	Cigna Group		61-1797835				CGGL Orange Collection LLC	..DE.....	..NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	..90.000	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				CGGL Orange Collection Mezz LLC	..DE.....	..NIA.....	CARING Orange Collection Investor LLC	Ownership.....	..100.000	Cigna corporation	NO.....	
.0901	Cigna Group		84-1921719				CGGL XR International LLC	..DE.....	..NIA.....	CARING XR International Investor LLC	Ownership.....	..90.000	Cigna Corporation	NO.....	
.0901	Cigna Group		84-1843578				CGGL XR 2 International LLC	..DE.....	..NIA.....	CARING XR 2 International Investor LLC	Ownership.....	..90.000	Cigna Corporation	NO.....	
.0901	Cigna Group		59-3466707				Chiro Alliance Corporation	..FL.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		81-3389374				CIG-LEI Ygnacio Associates LLC	..DE.....	..NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	..90.000	Cigna Corporation	NO.....	
.0901	Cigna Group		86-2964997				CI-GS Elan Everett Phase I, LLC	..DE.....	..NIA.....	CARING Elan I Investor, LLC	Ownership.....	..90.000	Cigna Corporation	NO.....	
.0901	Cigna Group		86-3726159				CI-GS Elan Everett Phase II, LLC	..DE.....	..NIA.....	CARING Elan II Investor, LLC	Ownership.....	..39.000	Cigna Corporation	NO.....	
.0901	Cigna Group		82-4774243				CI-GS Portland, LLC	..DE.....	..NIA.....	CARING 18th & Salmon Investor LLC	Ownership.....	..86.200	cigna Corporation	NO.....	
.0901	Cigna Group		82-1612980				CI-GS Hillcrest LLC	..DE.....	..NIA.....	CARING Hillcrest Investor LLC	Ownership.....	..90.000	Cigna Corporation	NO.....	
.0901	Cigna Group		88-3907567				CI-GS Slabtown, LLC	..DE.....	..NIA.....	CARING Slabtown Investor LLC	Ownership.....	..85.000	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna & CMB Asset Management Company Limited	..CHN.....	..NIA.....	Cigna & CMB Life Insurance Company Limited	Ownership.....	..87.350	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna & CMB Health Services Company, Ltd.	..CHN.....	..NIA.....	Cigna & CMB Life Insurance Company Limited	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna & CMB Life Insurance Company Limited	..CHN.....	..IA.....	Cigna Health and Life Insurance Company	Ownership.....	..50.000	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				CIGNA 2000 UK Pension LTD	..GBR.....	..NIA.....	Cigna European Services (UK) Limited	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		27-5402196				Cigna Affiliates Realty Investment Group, LLC	..DE.....	..NIA.....	Connecticut General Life Insurance Company	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Alder Holdings, LLC	..DE.....	..NIA.....	Cigna Apac Holdings, Ltd.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Apac Holdings, Ltd.	..BMU.....	..NIA.....	Cigna Palmetto Holdings, Ltd.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	13733	03-0452349				Cigna Arbor Life Insurance Company	..CT.....	..IA.....	Connecticut General Corporation	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		98-1181787				Cigna Beechwood Holdings	..BEL.....	..NIA.....	Cigna Elmwood Holdings, SPRL	Ownership.....	..51.000	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Bellevue Alpha LLC	..DE.....	..NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		02-0515554				Cigna Benefit Technology Solutions, Inc.	..DE.....	..NIA.....	Cigna Health Corporation	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		01-0947889		0001489070		Cigna Benefits Financing, Inc.	..DE.....	..NIA.....	Cigna Investments, Inc.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Cedar Holdings, Ltd.	..MLT.....	..NIA.....	Cigna Apac Holdings, Ltd.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		98-1137759				Cigna Chestnut Holdings, Ltd.	..GBR.....	..NIA.....	Cigna Walnut Holdings, Ltd.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		27-3396038				Cigna Corporate Services, LLC	..DE.....	..NIA.....	Cigna Health and Life Insurance Company	Ownership.....	..100.000	Cigna Corporation	NO.....	
.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	NO.....	
.0901	Cigna Group		00-0000000				Cigna Data Services (Shanghai) Company Limited	..CHN.....	..NIA.....	Cigna Hong Kong Holdings Company Limited	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		59-2600475				Cigna Dental Health Of California, Inc.	..CA.....	..NIA.....	Cigna Dental Health, Inc.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	11175	59-2675861				Cigna Dental Health Of Colorado, Inc.	..CO.....	..IA.....	Cigna Dental Health, Inc.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95380	59-2676987				Cigna Dental Health Of Delaware, Inc.	..DE.....	..IA.....	Cigna Dental Health, Inc.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	52021	59-1611217				Cigna Dental Health Of Florida, Inc.	..FL.....	..IA.....	Cigna Dental Health, Inc.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		06-1351097				Cigna Dental Health of Illinois, Inc.	..IL.....	..NIA.....	Cigna Dental Health, Inc.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	52024	59-2625350				Cigna Dental Health Of Kansas, Inc.	..KS.....	..IA.....	Cigna Dental Health, Inc.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	52108	59-2619589				Cigna Dental Health Of Kentucky, Inc.	..KY.....	..IA.....	Cigna Dental Health, Inc.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	48119	20-2844020				Cigna Dental Health Of Maryland, Inc.	..MD.....	..IA.....	Cigna Dental Health, Inc.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	11160	06-1582068				Cigna Dental Health Of Missouri, Inc.	..MO.....	..IA.....	Cigna Dental Health, Inc.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	11167	59-2308062				Cigna Dental Health Of New Jersey, Inc.	..NJ.....	..IA.....	Cigna Dental Health, Inc.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95179	56-1803464				Cigna Dental Health Of North Carolina, Inc.	..NC.....	..IA.....	Cigna Dental Health, Inc.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	47805	59-2579774				Cigna Dental Health Of Ohio, Inc.	..OH.....	..IA.....	Cigna Dental Health, Inc.	Ownership.....	..100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc.	..PA.....	..IA.....	Cigna Dental Health, Inc.	Ownership.....	..100.000	Cigna Corporation	NO.....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group	95037	59-2676977				Cigna Dental Health Of Texas, Inc.	..TX.....	..IA.....	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	52617	52-2188914				Cigna Dental Health Of Virginia, Inc.	..VA.....	..IA.....	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	47013	86-0807222				Cigna Dental Health Plan Of Arizona, Inc.	..AZ.....	..IA.....	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		59-2308055				Cigna Dental Health, Inc.	..FL.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		58-1136865				Cigna Direct Marketing Company, Inc.	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		98-1155943				Cigna Elmwood Holdings, SPRL	..BEL.....	..NIA.....	Cigna Myrtle Holdings, Ltd.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Europe Insurance Company S.A.-N.V.	..BEL.....	..IA.....	Cigna Beechwood Holdings	Ownership.....	99.999	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna European Services (UK) Limited	..GBR.....	..NIA.....	Cigna Elmwood Holdings, SPRL	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		62-1724116				Cigna Federal Benefits, Inc.	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Formosa Management Services Company Limited	..TWN.....	..NIA.....	Cigna Walnut Holdings, Ltd.	Ownership.....	100.000	Cigna corporation	NO.....	
.0901	Cigna Group		51-0389196				Cigna Global Holdings, Inc.	..DE.....	..NIA.....	Cigna Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		68-0676638				Cigna Global Insurance Company Limited	..GGY.....	..IA.....	Cigna Holdings Overseas, Inc.	Ownership.....	99.990	Cigna Corporation	NO.....	
.0901	Cigna Group		98-0210110				Cigna Global Reinsurance Company, Ltd.	..BMU.....	..IA.....	Cigna Global Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Global Wellbeing Holdings Limited	..GBR.....	..NIA.....	Connecticut General Corporation	Ownership.....	70.000	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Global Wellbeing Solutions Limited	..GBR.....	..NIA.....	Cigna Global Wellbeing Holdings Limited	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	67369	59-1031071				Cigna Health and Life Insurance Company	..CT.....	..UDP.....	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		62-1312478				Cigna Health Corporation	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		23-1728483				Cigna Health Management, Inc.	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Health Solution India Pvt. Ltd.	..IND.....	..NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	99.900	Cigna Corporation	NO.....	
.0901	Cigna Group		23-2741293				Cigna Healthcare Benefits, Inc.	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Healthcare Eastern Technology Services Company	..HKG.....	..NIA.....	Cigna Hong Kong Holdings Company Limited	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		84-0985843				Cigna Healthcare Holdings, Inc.	..CO.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95599	52-1404350				Cigna HealthCare Mid-Atlantic, Inc.	..MD.....	..NIA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95125	86-0334392				Cigna HealthCare of Arizona, Inc.	..AZ.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		95-3310115				Cigna HealthCare of California, Inc.	..CA.....	..NIA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95604	84-1004500				Cigna HealthCare of Colorado, Inc.	..CO.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95660	06-1141174				Cigna HealthCare of Connecticut, Inc.	..CT.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95136	59-2089259				Cigna HealthCare of Florida, Inc.	..FL.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	..GA.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	..IL.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	..IN.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95477	01-0418220				Cigna HealthCare of Maine, Inc.	..ME.....	..NIA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95220	02-0402111				Cigna HealthCare of Massachusetts, Inc.	..MA.....	..NIA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	..NH.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	..NJ.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	..NC.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95121	23-2301807				Cigna HealthCare of Pennsylvania, Inc.	..PA.....	..NIA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	..SC.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	..MO.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennessee, Inc.	..TN.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	..TX.....	..IA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group	95518	62-1230908				Cigna HealthCare of Utah, Inc.	..UT.....	..NIA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		02-0495422				Cigna Healthcare, Inc.	..VT.....	..NIA.....	Cigna Healthcare Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna HLA Technology Services Company Limited	..HKG.....	..NIA.....	Cigna Hong Kong Holdings Company Limited	Ownership.....	100.000	Cigna Corporation	NO.....	
.0901	Cigna Group		06-1059331				Cigna Holding Company	..DE.....	..UIP.....	Cigna Corporation	Ownership.....	100.000	Cigna Corporation	NO.....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901 ...	Cigna Group		23-3009279 ..				Cigna Holdings Overseas, Inc.	..DE.....	..NIA.....	Cigna Global Reinsurance Company, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		06-1072796 ..				Cigna Holdings, Inc.	..DE.....	..UIP.....	Cigna Holding Company	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Cigna Hong Kong Holdings Company Limited	..HKG.....	..NIA.....	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		27-1903785 ..				Cigna Insurance Agency, LLC	..CT.....	..NIA.....	Cigna Health and Life Insurance Company ... Provident American Life and Health	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group	65269	75-2305400 ..				Cigna Insurance Company	..OH.....	..IA.....	Insurance Company	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Cigna Insurance Management Services (DIFC), Ltd.	..ARE.....	..NIA.....	Cigna Apac Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Cigna Insurance Middle East S.A.L.	..LBN.....	..IA.....	Cigna Cedar Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Cigna Insurance Services (Europe) Limited ...	..GBR.....	..NIA.....	Cigna Willow Holdings, LTD.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		23-2924152 ..				Cigna Integratedcare, Inc.	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		51-0402128 ..				Cigna Intellectual Property, Inc.	..DE.....	..NIA.....	Cigna Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		51-0111677 ..				Cigna International Corporation, Inc.	..DE.....	..NIA.....	Cigna Global Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		52-0291385 ..				Cigna International Finance, Inc.	..DE.....	..NIA.....	Cigna Investment Group, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Cigna International Health Services Kenya Limited	..KEN.....	..NIA.....	Cigna International Health Services, BVBA	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Cigna International Health Services Sdn. Bhd.	..MYS.....	..NIA.....	Cigna Hong Kong Holdings Company Limited ..	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Cigna International Health Services, BVBA ...	..BEL.....	..NIA.....	Cigna Elmwood Holdings, Ltd.	Ownership.....	51.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		30-0526216 ..				Cigna International Health Services, LLC	..FL.....	..NIA.....	Cigna International Health Services, BVBA	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Cigna International Marketing (Thailand) Limited	..THA.....	..NIA.....	Cigna Global Holdings, Inc.	Ownership.....	99.900 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Cigna International Services Australia Pty Ltd.	..AUS.....	..NIA.....	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		23-2610178 ..				Cigna International Services, Inc.	..DE.....	..NIA.....	Cigna Global Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		06-1095823 ..				Cigna Investment Group, Inc.	..DE.....	..NIA.....	Cigna Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		06-0861092 ..				Cigna Investments, Inc.	..DE.....	..NIA.....	Cigna Investment Group, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		98-1146864 ..				Cigna Laurel Holdings, Ltd.	..BMU.....	..NIA.....	Cigna Linden Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Cigna Legal Protection U.K. Ltd.	..GBR.....	..NIA.....	Cigna Willow Holdings, LTD.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		AA-1560515 ..				Cigna Life Insurance Company of Canada	..CAN.....	..IA.....	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.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	...NO.....	
.0901 ...	Cigna Group		46-4110289 ..				Cigna Linden Holdings, Inc.	..DE.....	..NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	82.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		98-1232512 ..				Cigna Magnolia Holdings, Ltd.	..BMU.....	..NIA.....	Cigna Palmetto Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		23-2741294 ..				Cigna Managed Care Benefits Company	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		87-3374500 ..				Cigna Management Company LLC	..DE.....	..NIA.....	Cigna Health and Life Insurance Company ...	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		98-1154657 ..				Cigna Myrtle Holdings, Ltd.	..MLT.....	..NIA.....	Cigna Apac Holdings, Ltd.	Ownership.....	74.560 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group	61727	34-0970995 ..				Cigna National Health Insurance Company	..OH.....	..RE.....	Cigna Health and Life Insurance Company ...	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Cigna Nederland Gamma B.V.	..NLD.....	..NIA.....	Cigna Walnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Cigna Oak Holdings, Ltd.	..GBR.....	..NIA.....	Cigna Elmwood Holdings, SPRL	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		98-1232443 ..				Cigna Palmetto Holdings, Ltd.	..BMU.....	..NIA.....	Cigna Laurel Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		46-4099800 ..				Cigna Poplar Holdings, Inc.	..DE.....	..NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		06-1071502 ..				Cigna RE Corporation	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		06-1567902 ..				Cigna Resource Manager, Inc.	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Cigna Services Middle East FZE	..ARE.....	..NIA.....	Cigna Cedar Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Cigna Spruce Holdings GmbH	..CHE.....	..NIA.....	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Cigna Teak Holdings, LLC	..DE.....	..NIA.....	Cigna Global Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
.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	...NO.....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0901 ...	Cigna Group		83-1069280 ..				Cigna Ventures, LLC	..DE.....	..NIA.....	Cigna Health and Life Insurance Company ...	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				Cigna Walnut Holdings, Ltd.	..GBR.....	..NIA.....	Cigna Apac Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				Cigna Willow Holdings, Ltd.	..GBR.....	..NIA.....	Cigna Oak Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				Cigna Worldwide General Insurance Company Limited	..HKG.....	..IA.....	Cigna Hong Kong Holdings Company Limited ..	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group	90859 ..	23-2088429 ..				Cigna Worldwide Insurance Company	..DE.....	..IA.....	Cigna Global Reinsurance Company, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				Claims and Risk Services Limited	..SAU.....	..IA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	50.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				ManipalCigna Health Insurance Company Limited	..IND.....	..IA.....	Cigna Holdings Overseas, Inc.	Ownership.....	49.000 ...	TTK (non-affiliate)	...NO.....	
. 0901 ...	Cigna Group		84-1461840 ..				Community Health Network, LLC	..MT.....	..NIA.....	Benefit Management Corp.	Ownership.....	50.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		06-1252419 ..				Connecticut General Benefit Payments, Inc. .	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		06-0840391 ..				Connecticut General Corporation	..CT.....	..NIA.....	Cigna Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group	62308 ..	06-0303370 ..		0000023419 ..		Connecticut General Life Insurance Company .	..CT.....	..IA.....	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		82-4936006 ..				CPI-CII 9171 Wilshire JV LLC	..DE.....	..NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	90.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		27-3555688 ..				Cigna Affiliates Realty Investment Group, LLC	..DE.....	..NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	90.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		27-3555688 ..				CR Washington Street Investors LP	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	33.820 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		36-4369972 ..				CuraScript, Inc.	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		86-1305728 ..				Deco Apartments JV LLC	..DE.....	..NIA.....	CARING Deco Investor LLC	Ownership.....	90.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		86-1334095 ..				Deco Apartments Owner LLC	..DE.....	..NIA.....	CARING Deco Investor LLC	Ownership.....	90.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		16-1526641 ..				Diversified NY IPA, Inc.	..NY.....	..NIA.....	Diversified Pharmaceutical Services, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		41-1627938 ..				Diversified Pharmaceutical Services, Inc. ...	..MN.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		27-3542089 ..				Express Scripts Pharmaceutical Procurement LLC (90%)	..DE.....	..NIA.....	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership.....	90.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				Econdisc Contracting Solutions, LLC	..DE.....	..NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	64.999 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				Egyptian Emirates Administration Services SAE	..EGY.....	..NIA.....	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				ESI Canada	..CAN.....	..NIA.....	Express Scripts Canada Co.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				ESI GP Canada ULC	..CAN.....	..NIA.....	Express Scripts Canada Co.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		43-1925556 ..				ESI GP Holdings, Inc.	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				ESI GP2 Canada ULC	..CAN.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		74-2974964 ..				ESI Mail Order Processing, Inc. (f/k/a NXI) ..	..DE.....	..NIA.....	Express Scripts Canada Co.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		43-1867735 ..				ESI Mail Pharmacy Service, Inc.	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		43-1925562 ..				Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	..DE.....	..NIA.....	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		41-2006555 ..				ESI Partnership	..MN.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		92-1016132 ..				ESSCH Holdings, Inc.	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		94-3107309 ..				Evernorth Behavioral Health of California, Inc.	..CA.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		75-2751090 ..				Evernorth Behavioral Health of Texas, Inc. .	..TX.....	..NIA.....	Evernorth Behavioral Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		41-1648670 ..				Evernorth Behavioral Health, Inc.	..MN.....	..NIA.....	Evernorth Behavioral Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		86-1465626 ..				Connecticut General Corporation	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		32-0222252 ..				Evernorth Care Solutions, Inc.	..DE.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		85-2732455 ..				Evernorth Direct Health, LLC	..DE.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		85-2759151 ..				Evernorth Enterprise Services, Inc.	..DE.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		85-2717903 ..				Evernorth Sales Operations, Inc.	..DE.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		46-4676347 ..				Evernorth Strategic Development, Inc.	..DE.....	..NIA.....	Cigna Corporation	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		62-1615395 ..				eviCore 1, LLC	..DE.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group		27-3175443 ..				eviCore healthcare MSI, LLC	..TN.....	..NIA.....	MedSolutions Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	
. 0901 ...	Cigna Group	13918 ..	27-3175443 ..				Express Reinsurance Company	..MO.....	..IA.....	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	...NO.....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0901 ...	Cigna Group		41-2063830				Express Scripts Administrators LLC	..DE.....	..NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		00-0000000				Express Scripts Canada Co.	..CAN.....	..NIA.....	Express Scripts Canada Holding Co.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		43-1942542				Express Scripts Canada Holding Co.	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		27-1490640				Express Scripts Canada Holding, LLC	..DE.....	..NIA.....	Express Scripts Canada Holding Co.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 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	...NO....	
. 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	...NO....	
. 0901 ...	Cigna Group		84-5003423				Express Scripts Health Information Network Partners, Inc.	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		45-2884094				Evernorth Health, Inc.	..DE.....	..NIA.....	Cigna Corporation	Ownership.....	100.000	Cigna Corporation	...NO....	
. 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	...NO....	
. 0901 ...	Cigna Group		00-0000000				Express Scripts Pharmacy Atlantic, Ltd.	..CAN.....	..NIA.....	Express Scripts Canada Services	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		00-0000000				Express Scripts Pharmacy Central, Ltd.	..CAN.....	..NIA.....	Express Scripts Canada Services	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		00-0000000				Express Scripts Pharmacy Ontario, Ltd.	..CAN.....	..NIA.....	Express Scripts Canada Services	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		00-0000000				Express Scripts Pharmacy West, Ltd.	..CAN.....	..NIA.....	Express Scripts Canada Services	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		30-0789911				Express Scripts Pharmacy, Inc.	..DE.....	..NIA.....	Medco Health Services, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		22-3114423				Express Scripts Sales Operations, Inc.	..NJ.....	..NIA.....	ESI Mail Pharmacy Service, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		20-3126104				Express Scripts Senior Care Holdings LLC	..DE.....	..NIA.....	ESSCH Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		20-3126075				Express Scripts Senior Care, Inc.	..DE.....	..NIA.....	ESSCH Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		43-1832983				Express Scripts Services Co.	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		43-1869712				Express Scripts Specialty Distribution Services, Inc.	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		22-2230703				Express Scripts Strategic Development, Inc. Express Scripts Utilization Management Company	..NJ.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		43-1869714				Express Scripts, Inc.	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		43-1420563				FirstAssist Administration Limited	..DE.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		00-0000000				Former Cigna Investments, Inc.	..GBR.....	..NIA.....	Cigna Willow Holdings, LTD.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		23-1914061				Forsyth Health, LLC	..DE.....	..NIA.....	Cigna Investment Group, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		88-3762943				Freco, Inc.	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		02-0523249				Freedom Service Company, LLC	..FL.....	..NIA.....	Priority Healthcare Corporation	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		20-3229217				Connecticut General Life Insurance Company	..FL.....	..NIA.....	Lynnfield Drug, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		00-0000000				Gillette Ridge Community Council, Inc.	..CT.....	..NIA.....	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		20-3700105				Gillette Ridge Golf, LLC	..DE.....	..NIA.....	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group	95388	93-1174749				Great-West Healthcare of Illinois, Inc.	..IL.....	..NIA.....	Cigna Healthcare Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		00-0000000				GRG Acquisitions LLC	..DE.....	..NIA.....	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		76-0657035				GulfQuest, LP	..TX.....	..NIA.....	HouQuest, LLC	Ownership.....	99.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		87-3650143				Hartford Community Lender Holding LLC	..DE.....	..NIA.....	Cigna Health and Life Insurance Company	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		87-3686301				Hartford Community Lender I LLC	..DE.....	..NIA.....	Hartford Community Lender Holding LLC	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		52-2149519				Hazard Center Investment Company LLC	..DE.....	..NIA.....	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		04-2992335				Healthbridge Reimbursement & Product Support, Inc.	..MA.....	..NIA.....	Priority Healthcare Corporation	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		26-2159005				Healthbridge, Inc.	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		46-2086778				Health-Lynx, LLC	..NJ.....	..NIA.....	Cigna Health and Life Insurance Company	Ownership.....	100.000	Cigna Corporation	...NO....	
. 0901 ...	Cigna Group		06-1533555				Healthsource Benefits, Inc.	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	...NO....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901 ...	Cigna Group		02-0467679 ..				Healthsource Properties, Inc.	.. NH.....	.. NIA.....	Healthsource, Inc.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		02-0387748 ..		0000855587 ..		Healthsource, Inc.	.. DE.....	.. NIA.....	Cigna Health Corporation	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group	.. 12902 ..	20-8534298 ..				HealthSpring Life & Health Insurance Company, Inc.	.. TX.....	.. IA.....	NewQuest, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		20-8647386 ..				HealthSpring Management of America, LLC	.. DE.....	.. NIA.....	NewQuest, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group	.. 11532 ..	65-1129599 ..				HealthSpring of Florida, Inc.	.. FL.....	.. IA.....	NewQuest, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		26-2353772 ..				HealthSpring Pharmacy of Tennessee, LLC	.. DE.....	.. NIA.....	HealthSpring Pharmacy Services, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		26-2353476 ..				HealthSpring Pharmacy Services, LLC	.. DE.....	.. NIA.....	NewQuest, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		72-1559530 ..				HealthSpring USA, LLC	.. TN.....	.. NIA.....	NewQuest, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		20-1821898 ..		0001339553 ..		HealthSpring, Inc.	.. DE.....	.. NIA.....	Connecticut General Corporation	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		81-4139432 ..				Heights at Bear Creek Borrower LLC	.. DE.....	.. NIA.....	CARING Heights At Bear Creek Investor LLC	Ownership.....	.. 80.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		81-4139432 ..				Heights at Bear Creek Mezzanine LLC	.. DE.....	.. NIA.....	CARING Heights At Bear Creek Investor LLC	Ownership.....	.. 80.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		81-4139432 ..				Heights at Bear Creek Venture LLC	.. DE.....	.. NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		20-4266628 ..				Home Physicians Management, LLC	.. DE.....	.. NIA.....	NewQuest, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		75-3108521 ..				HouQuest, LLC	.. DE.....	.. NIA.....	NewQuest, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		37-1708015 ..				Houston Briar Forest Apartments Limited Partnership	.. DE.....	.. NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 80.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		95-4838551 ..				Ideal Properties II LLC	.. CA.....	.. NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 85.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		35-2041388 ..				IHN, Inc.	.. IN.....	.. NIA.....	Connecticut General Corporation	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.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	 NO.....	
.0901 ...	Cigna Group		82-1655179 ..				Innovative Product Alignment, LLC	.. DE.....	.. NIA.....	Express Scripts, Inc.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		82-0658250 ..				Inside RX, LLC	.. DE.....	.. NIA.....	Express Scripts, Inc.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		81-0425785 ..				Intermountain Underwriters, Inc.	.. MT.....	.. NIA.....	Benefit Management Corp.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		00-0000000 ..				International Pharmaceutical Solutions, GmbH	.. CHE.....	.. NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		84-3406799 ..				JA Lofts Holdings, LLC	.. DE.....	.. NIA.....	JA Lofts JV Limited Partnership	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		84-3395923 ..				JA Lofts JV Limited Partnership	.. DE.....	.. NIA.....	CARING JA Lofts Investor LP LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Kuwait Emirates Administration Services WLL	.. KIWT.....	.. NIA.....	NAS Administrative Services Company LLC ..	Ownership.....	.. 90.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		20-8064696 ..				Kronos Optimal Health Company	.. AZ.....	.. NIA.....	Connecticut General Corporation	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		47-5292506 ..				L&C Investments, LLC	.. DE.....	.. NIA.....	Express Scripts, Inc.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		47-4375626 ..				Lakehills CM-CG LLC	.. DE.....	.. NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group	.. 65722 ..	63-0343428 ..				Loyal American Life Insurance Company	.. OH.....	.. IA.....	Cigna Health and Life Insurance Company ..	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		58-2593075 ..				Lynnfield Compounding Center, Inc.	.. FL.....	.. NIA.....	Priority Healthcare Corporation	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		04-3546044 ..				Lynnfield Drug, Inc.	.. FL.....	.. NIA.....	Priority Healthcare Corporation	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		27-1506930 ..				MAH Pharmacy, LLC	.. DE.....	.. NIA.....	Medco Health Solutions, Inc.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		80-0908244 ..				Mallory Square Partners I, LLC	.. DE.....	.. NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 80.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		88-0241365 ..				Managed Care Consultants, Inc.	.. NV.....	.. NIA.....	Cigna Health Corporation	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		51-0500147 ..				Matrix GPO, LLC	.. IN.....	.. NIA.....	Priority Healthcare Corporation	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		59-3720653 ..				Matrix Healthcare Services, Inc.	.. FL.....	.. NIA.....	MyMatrixx Holdings, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		06-1346406 ..				MCC Independent Practice Association of New York, Inc.	.. NY.....	.. NIA.....	Evernorth Health, Inc.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		45-4937055 ..				MDLive, Inc.	.. DE.....	.. NIA.....	Evernorth Health, Inc.	Ownership.....	.. 97.230 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		00-0000000 ..				MDLive LLC	.. DE.....	.. NIA.....	MDLive, Inc.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		00-0000000 ..				MDLivevisit, LLC	.. FL.....	.. NIA.....	MDLive, Inc.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
.0901 ...	Cigna Group		00-0000000 ..				MDLive Provider Services, LLC	.. FL.....	.. NIA.....	MDLive, Inc.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901 ...	Cigna Group	34720	13-3506395 ..				Medco Containment Insurance Company of NY ...	..NY.....	..IA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group	63762	42-1425239 ..				Medco Containment Life Insurance Company	..PA.....	..IA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		27-3709630 ..				Medco Europe II, LLC	..DE.....	..NIA.....	Medco Europe, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		46-2166374 ..				Medco Europe, LLC	..DE.....	..NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		84-5017653 ..				Medco Health Information Network Partners, Inc.	..DE.....	..NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		81-0616525 ..				Medco Health Puerto Rico, LLC	..DE.....	..NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		26-3544786 ..				Medco Health Services, Inc.	..DE.....	..NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		22-3461740 ..				Medco Health Solutions, Inc.	..DE.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		88-0334401 ..				Mediversal, Inc.	..NV.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		27-3801345 ..				MedSolutions Holdings, Inc.	..DE.....	..NIA.....	eviCore 1, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		87-2810715 ..				Montclair 11 Pine Operating Company LLC	..DE.....	..NIA.....	CARING Montclair Investor LLC	Ownership.....	90.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		87-2790325 ..				Montclair 11 Pine Urban Renewal LLC	..DE.....	..NIA.....	CARING Montclair Investor LLC	Ownership.....	90.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		87-2772585 ..				Montclair Residences JV LLC	..DE.....	..NIA.....	CARING Montclair Investor LLC	Ownership.....	90.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		32-0071543 ..				MSI Health Organization of Texas, Inc.	..TX.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		27-5492993 ..				MSI HT, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		27-5493148 ..				MSI LT, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		27-5493321 ..				MSI SAR-GW, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		86-1090522 ..				MSIAZ I, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		20-1749733 ..				MSICA I, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		20-1222347 ..				MSICO I, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		55-0840800 ..				MSIFL, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		26-0181185 ..				MSIMD I, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		74-3122235 ..				MSINC I, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		11-3715243 ..				MSINH II, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		03-0524694 ..				MSINH, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		20-1749446 ..				MSINJ I, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		20-1761914 ..				MSINV I, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		55-0840806 ..				MSISC II, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		26-0336736 ..				MSIVT I, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		20-2536458 ..				MSIWA, LLC	..TN.....	..NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		36-4833284 ..				MyM Technology Services, LLC	..FL.....	..NIA.....	MyMatrixx Holdings, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		82-1350878 ..				myMatrixx Holdings, LLC	..DE.....	..NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		46-2589799 ..				myMatrixx-B, LLC	..FL.....	..NIA.....	Matrix Healthcare Services, Inc.	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		00-0000000 ..				NAS Administrative Services Company LLC	..ARE.....	..NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	99.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		00-0000000 ..				NAS Neuron Health Services, L.L.C.	..ARE.....	..NIA.....	Cigna Chestnut Holdings, Ltd.	Ownership.....	34.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		00-0000000 ..				NAS United SPV	..CYM.....	..NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		00-0000000 ..				Neuron LLC	..ARE.....	..NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	99.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		52-1929677 ..				NewQuest Management Northeast, LLC	..DE.....	..NIA.....	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		33-1033586 ..				NewQuest Management of Alabama, LLC	..AL.....	..NIA.....	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		20-4954206 ..				NewQuest Management of Florida, LLC	..FL.....	..NIA.....	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		77-0632665 ..				NewQuest Management of Illinois, LLC	..IL.....	..NIA.....	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		45-0633893 ..				NewQuest Management of West Virginia, LLC ...	..DE.....	..NIA.....	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		76-0628370 ..				NewQuest, LLC	..TX.....	..NIA.....	HealthSpring, Inc.	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		82-5244890 ..				Octave Health Group, Inc.	..DE.....	..NIA.....	Cigna Ventures, LLC	Ownership.....	10.100 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		91-1599329 ..				Olympic Health Management Services, Inc.	..WA.....	..NIA.....	Olympic Health Management Systems, Inc. ...	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		91-1500758 ..				Olympic Health Management Systems, Inc.	..WA.....	..NIA.....	Sterling Life Insurance Company	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		80-0818758 ..				Patient Provider Alliance, Inc.	..DE.....	..NIA.....	Brighter, Inc.	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	
.0901 ...	Cigna Group		35-1927379 ..				Priority Healthcare Corporation	..IN.....	..NIA.....	CuraScript, Inc.	Ownership.....	100.000 ...	Cigna Corporation	... NO.....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0901 ...	Cigna Group		59-3761140 ..				Priority Healthcare Distribution, Inc.	.. FL.....	 NIA.....	Priority Healthcare Corp	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group	 67903 ...	23-1335885 ..				Provident American Life & Health Insurance Company	.. OH.....	 DS.....	Cigna National Health Insurance Company ...	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				PT GAR Indonesia	.. IDN.....	 NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	.. 99.160 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		45-5046449 ..				PUR Arbors Apartments Venture LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 87.500 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		46-1801639 ..				QualCare Management Resources Limited Liability Company	.. NJ.....	 NIA.....	Cigna Health and Life Insurance Company ...	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				Qualient Pharmaceuticals Holdings LP	.. CYM.....	 NIA.....	Cigna Spruce Holdings GmbH	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				Qualient Pharmaceuticals Health LLC	.. CYM.....	 NIA.....	Qualient Pharmaceuticals Holdings LP	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		45-5569416 ..				QPID Health, LLC	.. DE.....	 NIA.....	eviCore healthcare MSI, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		83-1460134 ..				Rise-CG Capitol Hill, LP	.. DE.....	 NIA.....	CARING Capitol Hill LP LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	 NO.....	
. 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	 NO.....	
. 0901 ...	Cigna Group		35-1641636 ..				Sagamore Health Network, Inc.	.. IN.....	 NIA.....	Cigna Health Corporation	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		46-3593103 ..				SB-SNH LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 85.000 ...	Cigna Corporation	 NO.....	
. 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)	 NO.....	
. 0901 ...	Cigna Group		82-1732483 ..				SOMA Apartments Venture LLC	.. DE.....	 NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		82-4405071 ..				Specialty Products Acquisitions, LLC	.. DE.....	 NIA.....	Medco Health Solutions, Inc.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		61-1317695 ..				SpectraCare Health Care Ventures, Inc.	.. KY.....	 NIA.....	SpectraCare, Inc.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		61-1147068 ..				SpectraCare, Inc.	.. KY.....	 NIA.....	Priority Healthcare Corp	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group	 77399 ...	13-1867829 ..				Sterling Life Insurance Company	.. IL.....	 IA.....	Cigna Health and Life Insurance Company ...	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		47-2658932 ..				Strategic Pharmaceutical Investments, LLC ...	.. DE.....	 NIA.....	Priority Healthcare Corp	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 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	 NO.....	
. 0901 ...	Cigna Group		87-0903685 ..				Swedesford Road Apartments, LLC	.. DE.....	 NIA.....	CARING Berwyn Investor LLC	Ownership.....	.. 68.600 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		22-3474888 ..				Systemed, LLC	.. DE.....	 NIA.....	Medco Health Solutions, Inc.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		23-3074013 ..				Tel-Drug of Pennsylvania, LLC	.. PA.....	 NIA.....	Connecticut General Life Insurance Company	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		46-0427127 ..				Tel-Drug, Inc.	.. SD.....	 NIA.....	Connecticut General Corporation	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				Temple Insurance Company Limited	.. BMJ.....	 IA.....	Healthsource, Inc.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		20-5524622 ..				Tennessee Quest, LLC	.. TN.....	 NIA.....	NewQuest, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		75-3108527 ..				TexQuest, LLC	.. DE.....	 NIA.....	NewQuest, LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		85-1955731 ..				The Flats at Interbay Holdings, LLC	.. DE.....	 NIA.....	CARING Interbay Investor LP LLC	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		85-1955075 ..				The Flats at Interbay JV Limited Partnership	.. DE.....	 NIA.....	CARING Interbay Investor LP LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		85-1962013 ..				The Flats at Interbay Limited Partnership ...	.. DE.....	 NIA.....	CARING Interbay Investor LP LLC	Ownership.....	.. 99.500 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		46-5264463 ..				Trainer Rx, Inc.	.. DE.....	 NIA.....	Cigna Ventures, LLC	Ownership.....	.. 19.400 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				Transwestern Federal, L.L.C.	.. DE.....	 NIA.....	Transwestern Federal Holdings, L.L.C.	Ownership.....	.. 7.616 ...	Cigna Corporation	 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	 NO.....	
. 0901 ...	Cigna Group		88-0344624 ..				Universal Claims Administration	.. NV.....	 NIA.....	Mediversal, Inc.	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		98-0463704 ..				Vielife Services, Inc.	.. DE.....	 NIA.....	Cigna Global Wellbeing Holdings Limited ...	Ownership.....	.. 100.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				Verify Solutions Group, Inc.	.. DE.....	 NIA.....	Cigna Health and Life Insurance Company ...	Ownership.....	.. 100.000 ...	Cigna Corporation	 YES.....	
. 0901 ...	Cigna Group		00-0000000 ..				Westcore CG AC, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		84-3178563 ..				Westcore CG Camelback, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		84-3178563 ..				Westcore CG Cedar Port, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				Westcore CG Commerce, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.. 90.000 ...	Cigna Corporation	 NO.....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0901 ...	Cigna Group		84-3178563 ..				Westcore CG Dove Valley I, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		84-3178563 ..				Westcore CG Dove Valley II, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		84-3178563 ..				Westcore CG Eisenhower, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		84-3178563 ..				Westcore CG II Eisenhower, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		84-3178563 ..				Westcore CG Fountain Lakes, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		84-3178563 ..				Westcore CG Gateway, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		84-3178563 ..				Westcore CG I-35, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		84-3178563 ..				Westcore CG Navy, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		84-3178563 ..				Westcore CG Potomac Park, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		84-3178563 ..				Westcore CG Solano, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		84-3178563 ..				Westcore CG Susana, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				Westcore CG Venture, LLC	.. DE.....	 NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		87-3624928 ..				Westcore CG Venture II, LLC	.. DE.....	 NIA.....	CARING Westcore Holding II Investor LLC ...	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		87-3624928 ..				Westcore CG II AC, LLC	.. DE.....	 NIA.....	CARING Westcore Holding II Investor LLC ...	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		87-3624928 ..				Westcore CG II Park 225, LLC	.. DE.....	 NIA.....	CARING Westcore Holding II Investor LLC ...	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		87-3624928 ..				Westcore CG II Union Cross, LLC	.. DE.....	 NIA.....	CARING Westcore Holding II Investor LLC ...	Ownership.....	..90.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				Willow DSP LLC	.. DE.....	 NIA.....	Accredo Health, Incorporated	Ownership.....	..100.000	Cigna Corporation	 NO.....	
. 0901 ...	Cigna Group		00-0000000 ..				YCFM Servicios LTDA	..BRA.....	 NIA.....	Cigna Global Holdings, Inc.	Ownership.....	..35.320	Cigna Corporation	 NO.....	

Asterisk	

NONE

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	
	88-1945947	73 Pond Street Apartments Venture, L.L.C.										
			0	0	0	0	0	0		0	0	
	00-0000000	680 Investors LLC	0	0	0	0	0	0		0	0	
	00-0000000	685 New Hampshire LLC	0	0	0	0	0	0		0	0	
	82-4794800	9171 Wilshire CPI-CII LLC	0	0	0	0	0	0		0	0	
	86-1712743	ABL Apartments Venture, L.L.C.	0	0	0	0	0	0		0	0	
	88-4202407	ABL Holding Co., L.L.C.	0	0	0	0	0	0		0	0	
	88-3747773	ABL Townhomes Venture, L.L.C.	0	0	0	0	0	0		0	0	
	85-1046126	ABS Apartments Venture, L.L.C.	0	0	0	0	0	0		0	0	
	11-3358535	Accredo Health Group, Inc.	0	0	0	0	0	0		0	0	
	55-0894449	Accredo Health, Incorporated	0	0	0	0	0	0		0	0	
	87-4355549	AGA Apartments Venture, L.L.C.	0	0	0	0	0	0		0	0	
	13-3888838	AHG of New York, Inc.	0	0	0	0	0	0		0	0	
	75-3040465	Airport Holdings, LLC	0	0	0	0	0	0		0	0	
	35-2562415	Alegis Care Services, LLC	0	0	0	0	0	0		0	0	
	85-0909305	Alegis Care Services of Colorado, LLC	0	0	0	0	0	0		0	0	
	81-0400550	Allegiance Benefit Plan Management, Inc.	(10,000,000)	0	0	0	14,044,456	0		0	4,044,456	
	03-0507057	Allegiance Care Management, LLC	0	0	0	0	78,609	0		0	78,609	
	71-0916514	Allegiance COBRA Services, Inc.	0	0	0	0	536	0		0	536	
12814	20-4433475	Allegiance Life & Health Insurance Company										
			0	0	0	0	(1,978,926)	595,552		0	(1,383,374)	63,699
	26-2201582	Allegiance Provider Direct, LLC	0	0	0	0	0	0		0	0	
	20-3851464	Allegiance Re, Inc.	0	0	0	0	0	0		0	0	
88366	59-2760189	American Retirement Life Insurance Company		(40,000,000)	0	0	(18,703,142)	0		0	(58,703,142)	
	87-4023291	AOP II Apartments Venture, L.L.C.	0	0	0	0	0	0		0	0	
	82-3315524	Arbor Heights Venture LLC	0	0	0	0	0	0		0	0	
	46-4080861	AristaMD, Inc.	0	0	0	0	0	0		0	0	
	86-3581583	Arizona Health Plan, Inc.	0	0	0	0	0	0		0	0	
	00-0000000	Ascent Health Services LLC	0	0	0	0	(384,803)	0		0	(384,803)	
	86-1750832	ASM Apartments Venture, L.L.C.	0	0	0	0	0	0		0	0	
	81-0585518	Benefit Management Corp.	0	0	0	0	0	0		0	0	
	81-2650133	Berewick Apartments LLC	0	0	0	0	0	0		0	0	
	43-1815573	Biopartners in Care, Inc.	0	0	0	0	0	0		0	0	
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.	0	42,000,000	0	0	(31,329,523)	(56,580)		0	10,613,897	
11524	52-2363406	Bravo Health Pennsylvania, Inc.	0	0	0	0	(119,265,673)	(203,267)		0	(119,468,940)	
	00-0000000	Breakthrough Behavioral, Inc.	0	0	0	0	0	0		0	0	
	00-0000000	Breakthrough Behavioral of Texas, Inc.	0	0	0	0	0	0		0	0	
	27-1713977	Brighter, Inc.	0	0	0	0	428,904	0		0	428,904	
	46-4918521	Buoy Health, Inc.	0	0	0	0	0	0		0	0	
	47-4991296	Bright Health Group, Inc.										
	61-1162797	Care Continuum, Inc.	0	0	0	0	0	0		0	0	
	85-0954556	CareAllies Accountable Care Collaborative LLC	0	0	0	0	0	0		0	0	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	85-0935554	CareAllies Accountable Care Network LLC	0	0	0	0	0	0		0	0	
	00-0000000	CareAllies Accountable Care Solutions LLC										
			0	0	0	0	0	0		0	0	
	26-0180898	CareAllies, Inc.	(28,000,000)	0	0	0	(13,851)	0		0	(28,013,851)	
	81-2760646	CareAllies, LLC	0	0	0	0	0	0		0	0	
10144	20-1089572	CareCore NJ, LLC	0	0	0	0	(23,012,322)	0		0	(23,012,322)	
	45-2681649	CarePlexus, LLC	0	0	0	0	0	0		0	0	
	83-1400586	CARING 18th & Salmon Investor LLC	0	0	0	0	0	0		0	0	
	83-2562994	CARING 500 Ygnacio Investor LLC	0	0	0	0	0	0		0	0	
	84-1960231	CARING 3130 Investor LLC	0	0	0	0	0	0		0	0	
	83-2318410	CARING 9171 Wilshire Investor LLC	0	0	0	0	0	0		0	0	
	85-4247420	CARING ABS Investor LLC	0	0	0	0	0	0		0	0	
	83-2851501	CARING Alta Duraleigh Investor LLC	0	0	0	0	0	0		0	0	
	83-2851501	CARING Alta Englewood Investor LLC	0	0	0	0	0	0		0	0	
	85-2966766	CARING Alta Leander Investor LLC	0	0	0	0	0	0		0	0	
	83-2563284	CARING Alta Woodson Investor LLC	0	0	0	0	0	0		0	0	
	85-2966766	CARING Avondale Investor LLC	0	0	0	0	0	0		0	0	
	87-1992977	CARING Berwyn Investor LLC	0	0	0	0	0	0		0	0	
	86-1885283	CARING Brinkman Investor LLC										
	32-0570889	CARING Capitol Hill GP LLC	0	0	0	0	0	0		0	0	
	37-1903297	CARING Capitol Hill LP LLC	0	0	0	0	0	0		0	0	
	83-2851364	CARING Century Plaza Investor LLC	0	0	0	0	0	0		0	0	
	85-4265529	CARING Deco Investor LLC	0	0	0	0	0	0		0	0	
	85-2912145	CARING Elan I Investor LLC	0	0	0	0	0	0		0	0	
	87-0928526	CARING Elan II Investor LLC	0	0	0	0	0	0		0	0	
	83-3701937	CARING Firestone Investor LLC	0	0	0	0	0	0		0	0	
	87-4803572	CARING Galleria Investor LLC										
	00-0000000	CARING JA Lofts Investor LP LLC	0	0	0	0	0	0		0	0	
	00-0000000	CARING JA Lofts Investor GP LLC	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	
	83-1400482	CARING Hillcrest Investor LLC	0	0	0	0	0	0		0	0	
	84-4410554	CARING IBP Investor LLC	0	0	0	0	0	0		0	0	
	85-1961034	CARING Interbay Investor GP LLC	0	0	0	0	0	0		0	0	
	85-1984627	CARING Interbay Investor LP LLC	0	0	0	0	0	0		0	0	
	83-2339522	CARING Mallory Square Investor LLC	0	0	0	0	0	0		0	0	
	85-4265529	CARING Montclair Investor LLC	0	0	0	0	0	0		0	0	
	83-2563138	CARING Soma Investor LLC	0	0	0	0	0	0		0	0	
	83-2633790	CARING Alexan Enclave Investor LLC	0	0	0	0	0	0		0	0	
	83-2633886	CARING Orange Collection Investor LLC	0	0	0	0	0	0		0	0	
	86-2627703	CARING Optimist Park II Investor LLC	0	0	0	0	0	0		0	0	
	87-2031777	CARING Slabtown Investor, LLC	0	0	0	0	0	0		0	0	
	83-8294933	CARING South Coast Subsidiary LLC	0	0	0	0	0	0		0	0	
	86-1942593	CARING St. Matthew's Investor LLC	0	0	0	0	0	0		0	0	
	88-2074593	CARING Waltham Investor LLC	0	0	0	0	0	0		0	0	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	38-4085763	CARING Westcore Holding Investor LLC	0	0	0	0	0	0		0	0	
	87-3646420	CARING Westcore Holding II Investor LLC	0	0	0	0	0	0		0	0	
	83-3923178	CARING XR International Investor LLC	0	0	0	0	0	0		0	0	
	83-4317078	CARING XR 2 International Investor LLC	0	0	0	0	0	0		0	0	
	84-1843578	CGGL XR 2 International JV LLC	0	0	0	0	0	0		0	0	
	84-1843578	CGGL XR 2 International Mezz LLC	0	0	0	0	0	0		0	0	
	45-2604992	CCN NMO, LLC	0	0	0	0	(10,858)	0		0	(10,858)	
	33-1039759	CCN-WNY IPA, LLC	0	0	0	0	(10,962)	0		0	(10,962)	
	34-1970892	Ceres Sales of Ohio, LLC	0	0	0	0	(402)	0		0	(402)	
	06-1332403	CG Individual Tax Benefit Payments, Inc.	0	0	0	0	0	0		0	0	
	06-1332405	CG Life Pension Benefits Payments, Inc.	0	0	0	0	0	0		0	0	
	06-1332401	CG LINA Pension Benefits Payments, Inc.	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	
	84-4773972	CG-LEDO IBP Venture LLC	0	0	0	0	0	0		0	0	
	84-4747045	CG-LEDO IBP I LLC	0	0	0	0	0	0		0	0	
	84-4755025	CG-LEDO IBP II LLC	0	0	0	0	0	0		0	0	
	83-2993316	CG-Muller 550 Winchester, LLC	0	0	0	0	0	0		0	0	
	45-5499889	CG Seventh Street, LLC	0	0	0	0	0	0		0	0	
	85-0734624	CG/Wood Alta Duraleigh, LLC	0	0	0	0	0	0		0	0	
	85-0655107	CG/Wood Alta Duraleigh Owner, LLC	0	0	0	0	0	0		0	0	
	87-2928401	CG/Wood Alta Duraleigh Townhome, LLC	0	0	0	0	0	0		0	0	
	82-1280312	CG/Wood Alta 601, LLC	0	0	0	0	0	0		0	0	
	85-2233381	CG/Wood Alta Leander Station, LLC	0	0	0	0	0	0		0	0	
	81-3313562	CGGL City Parkway LLC	0	0	0	0	0	0		0	0	
	61-1797835	CGGL Orange Collection LLC	0	0	0	0	0	0		0	0	
	00-0000000	CGGL Orange Collection Mezz LLC	0	0	0	0	0	0		0	0	
	84-1921719	CGGL XR International LLC	0	0	0	0	0	0		0	0	
	84-1843578	CGGL XR 2 International LLC	0	0	0	0	0	0		0	0	
	59-3466707	Chiro Alliance Corporation	0	0	0	0	0	0		0	0	
	81-3389374	CIG-LEI Ygnacio Associates LLC	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	
	86-3726159	CI-GS Elan Everett Phase II, LLC	0	0	0	0	0	0		0	0	
	82-4774243	CI-GS Portland, LLC	0	0	0	0	0	0		0	0	
	82-1612980	CI-GS Hillcrest LLC	0	0	0	0	0	0		0	0	
	88-3907567	CI-GS Slabtown, LLC	0	0	0	0	0	0		0	0	
	00-0000000	Cigna & CMB Asset Management Company Limited	0	0	0	0	0	0		0	0	
	00-0000000	Cigna & CMB Health Services Company, Ltd.	0	0	0	0	0	0		0	0	
	00-0000000	Cigna & CMB Life Insurance Company Limited	0	0	0	0	0	0		0	0	
	00-0000000	CIGNA 2000 UK Pension LTD	0	0	0	0	0	0		0	0	
	27-5402196	Cigna Affiliates Realty Investment Group, LLC	0	171,856,136	0	0	0	0		0	171,856,136	
	00-0000000	Cigna Alder Holdings, LLC	0	0	0	0	0	0		0	0	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-0000000	Cigna Apac Holdings, Ltd.	0	0	0	0	0	0		0	0	
13733	03-0452349	Cigna Arbor Life Insurance Company	0	0	0	0	(3,494)	0		0	(3,494)	
	98-1181787	Cigna Beechwood Holdings	0	0	0	0	0	0		0	0	
	00-0000000	Cigna Bellevue Alpha LLC	0	0	0	0	0	0		0	0	
	02-0515554	Cigna Benefit Technology Solutions, Inc.	0	0	0	0	0	0		0	0	
	01-0947889	Cigna Benefits Financing, Inc.	0	0	0	0	1,252,920	0		0	1,252,920	
	00-0000000	Cigna Cedar Holdings, Ltd.	0	0	0	0	0	0		0	0	
	98-1137759	Cigna Chestnut Holdings, Ltd.	0	0	0	0	0	0		0	0	
	27-3396038	Cigna Corporate Services, LLC	0	0	0	0	0	0		0	0	
	82-4991898	Cigna Corporation (A Delaware corporation and ultimate parent company)	3,135,000,000	0	0	0	0	0		0	3,135,000,000	
	00-0000000	Cigna Data Services (Shanghai) Company Limited	0	0	0	0	0	0		0	0	
	59-2600475	Cigna Dental Health Of California, Inc.	(14,500,000)	0	0	0	1,121,429	0		0	(13,378,571)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,000,000)	0	0	0	(829,879)	0		0	(2,829,879)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.	0	0	0	0	(11,119)	0		0	(11,119)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(9,000,000)	0	0	0	(3,595,791)	0		0	(12,595,791)	
	06-1351097	Cigna Dental Health of Illinois, Inc.	0	0	0	0	0	0		0	0	
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(250,000)	0	0	0	(212,152)	0		0	(462,152)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(2,500,000)	0	0	0	(1,005,696)	0		0	(3,505,696)	
48119	20-2844020	Cigna Dental Health Of Maryland, Inc.	(3,000,000)	0	0	0	(858,879)	0		0	(3,858,879)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,500,000)	0	0	0	(460,611)	0		0	(1,960,611)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,498,000)	0	0	0	(1,566,826)	0		0	(3,064,826)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.	0	0	0	0	(650,843)	0		0	(650,843)	
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(1,250,000)	0	0	0	(884,223)	0		0	(2,134,223)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.										
			(2,400,000)	0	0	0	(467,259)	0		0	(2,867,259)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(8,500,000)	0	0	0	(3,893,012)	0		0	(12,393,012)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,600,000)	0	0	0	(571,707)	0		0	(2,171,707)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.										
			(3,500,000)	0	0	0	4,759,577	0		0	1,259,577	
	59-2308055	Cigna Dental Health, Inc.	(6,502,000)	0	0	0	23,907,582	0		0	17,405,582	
	58-1136865	Cigna Direct Marketing Company, Inc.	0	0	0	0	0	0		0	0	
	98-1155943	Cigna Elmwood Holdings, SPRL	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	
	00-0000000	Cigna European Services (UK) Limited	0	0	0	0	0	0		0	0	
	62-1724116	Cigna Federal Benefits, Inc.	0	0	0	0	0	0		0	0	
	00-0000000	Cigna Formosa Management Services Company Limited										
											0	
	51-0389196	Cigna Global Holdings, Inc.	(184,961,692)	119,000,000	0	0	(18,755)	0		0	(65,980,447)	
	68-0676638	Cigna Global Insurance Company Limited	0	0	0	0	(8,324,061)	(2,237,204)		0	(10,561,265)	
	98-0210110	Cigna Global Reinsurance Company, Ltd.	37,000,000	0	0	0	(79,730)	(68,728,375)		0	(31,808,105)	(182,113,537)
	00-0000000	Cigna Global Wellbeing Holdings Limited	0	0	0	0	0	0		0	0	
	00-0000000	Cigna Global Wellbeing Solutions Limited	0	0	0	0	0	0		0	0	

ANNUAL STATEMENT FOR THE YEAR 2022 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)
67369	59-1031071	Cigna Health and Life Insurance Company	(1,493,193,074)	(243,399,283)	0	0	(95,237,748)	53,979,341		0	(1,777,850,764)	173,274,050
	62-1312478	Cigna Health Corporation	(14,000,000)	0	0	0	90,570,713	0		0	76,570,713	
	23-1728483	Cigna Health Management, Inc.	0	75,000,000	0	0	24,029,474	0		0	99,029,474	
	00-0000000	Cigna Health Solution India Pvt. Ltd.	0	0	0	0	0	0		0	0	
	23-2741293	Cigna Healthcare Benefits, Inc.	0	0	0	0	0	0		0	0	
	00-0000000	Cigna Healthcare Eastern Technology Services Company	0	0	0	0	0	0		0	0	
	84-0985843	Cigna Healthcare Holdings, Inc.	0	0	0	0	0	0		0	0	
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.	0	0	0	0	0	0		0	0	
95125	86-0334392	Cigna HealthCare of Arizona, Inc.	0	0	0	0	(26,380,737)	488,754		0	(25,891,983)	586,999
	95-3310115	Cigna HealthCare of California, Inc.	(9,000,000)	0	0	0	(27,380,310)	5,664,132		0	(30,716,178)	3,961,976
95604	84-1004500	Cigna HealthCare of Colorado, Inc.	0	9,000,000	0	0	(8,153,699)	(35,565)		0	810,736	14,703
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.	0	0	0	0	(675,816)	(855)		0	(676,671)	299
95136	59-2089259	Cigna HealthCare of Florida, Inc.	0	0	0	0	(381,358)	(81,810)		0	(463,168)	26,633
96229	58-1641057	Cigna HealthCare of Georgia, Inc.	0	170,000,000	0	0	(65,137,149)	6,351,021		0	111,213,872	13,004
95602	36-3385638	Cigna HealthCare of Illinois, Inc.	0	0	0	0	(11,163,690)	941,278		0	(10,222,412)	677,061
95525	35-1679172	Cigna HealthCare of Indiana, Inc.	0	0	0	0	(7,323)	(795)		0	(8,118)	345
95477	01-0418220	Cigna HealthCare of Maine, Inc.	0	0	0	0	0	0		0	0	
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.	0	0	0	0	0	0		0	0	
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.	0	0	0	0	(6,023)	0		0	(6,023)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.	(5,500,000)	0	0	0	(13,504)	(1,890)		0	(5,515,394)	1,288,978
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.	0	22,000,000	0	0	(50,180,992)	1,998,941		0	(26,182,051)	4,580
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.	0	0	0	0	0	0		0	0	
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.	0	0	0	0	(10,967,141)	(2,985)		0	(10,970,126)	1,111
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.	0	0	0	0	(2,687,357)	(34,530)		0	(2,721,887)	11,813
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.	0	0	0	0	(2,311,538)	0		0	(2,311,538)	173,840
95383	74-2767437	Cigna HealthCare of Texas, Inc.	(7,500,000)	60,000,000	0	0	(4,399,408)	1,960,390		0	50,060,982	360,355
95518	62-1230908	Cigna HealthCare of Utah, Inc.	0	0	0	0	0	0		0	0	
	02-0495422	Cigna Healthcare, Inc.	0	0	0	0	13,330	0		0	13,330	
	00-0000000	Cigna HLA Technology Services Company Limited	0	0	0	0	0	0		0	0	
	06-1059331	Cigna Holding Company	83,300,000	0	0	0	(6,550)	0		0	83,293,450	
	23-3009279	Cigna Holdings Overseas, Inc.	0	0	0	0	0	0		0	0	
	06-1072796	Cigna Holdings, Inc.	101,661,692	(1,227,000,000)	0	0	(82,801)	0		0	(1,125,421,109)	
	00-0000000	Cigna Hong Kong Holdings Company Limited	0	0	0	0	0	0		0	0	
	27-1903785	Cigna Insurance Agency, LLC	0	0	0	0	0	0		0	0	
65269	75-2305400	Cigna Insurance Company	0	0	0	0	(27,046)	0		0	(27,046)	
	00-0000000	Cigna Insurance Management Services (DIFC), Ltd.	0	0	0	0	0	0		0	0	
	00-0000000	Cigna Insurance Middle East S.A.L.	0	0	0	0	0	0		0	0	
	00-0000000	Cigna Insurance Services (Europe) Limited	0	0	0	0	0	0		0	0	
	23-2924152	Cigna Integratedcare, Inc.	0	0	0	0	0	0		0	0	
	51-0402128	Cigna Intellectual Property, Inc.	0	0	0	0	0	0		0	0	
	51-0111677	Cigna International Corporation, Inc.	0	0	0	0	(7,628,030)	0		0	(7,628,030)	

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)
	52-0291385	Cigna International Finance, Inc.	0	0	0	0	0	0		0	0	
	00-0000000	Cigna International Health Services Kenya Limited	0	0	0	0	0	0		0	0	
	00-0000000	Cigna International Health Services Sdn. Bhd.	0	0	0	0	0	0		0	0	
	00-0000000	Cigna International Health Services, BVBA	0	0	0	0	0	0		0	0	
	30-0526216	Cigna International Health Services, LLC	0	0	0	0	0	0		0	0	
	00-0000000	Cigna International Marketing (Thailand) Limited	0	0	0	0	0	0		0	0	
	00-0000000	Cigna International Services Australia Pty Ltd.	0	0	0	0	0	0		0	0	
	23-2610178	Cigna International Services, Inc.	0	0	0	0	0	0		0	0	
	06-1095823	Cigna Investment Group, Inc.	0	0	0	0	(1,232)	0		0	(1,232)	
	06-0861092	Cigna Investments, Inc.	0	0	0	0	48,880,958	0		0	48,880,958	
	98-1146864	Cigna Laurel Holdings, Ltd.	0	0	0	0	0	0		0	0	
	00-0000000	Cigna Legal Protection U.K. Ltd.	0	0	0	0	0	0		0	0	
	AA-1560515	Cigna Life Insurance Company of Canada	0	0	0	0	(6,916,463)	0		0	(6,916,463)	
	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.	0	0	0	0	(3,589)	0		0	(3,589)	
	46-4110289	Cigna Linden Holdings, Inc.	0	0	0	0	0	0		0	0	
	98-1232512	Cigna Magnolia Holdings, Ltd.	0	0	0	0	0	0		0	0	
	23-2741294	Cigna Managed Care Benefits Company	0	0	0	0	24,431,542	0		0	24,431,542	
	89-3374500	Cigna Management Company LLC	(1,050,000,000)	0	0	0	0	0		0	(1,050,000,000)	
	98-1154657	Cigna Myrtle Holdings, Ltd.	0	0	0	0	0	0		0	0	
61727	34-0970995	Cigna National Health Insurance Company	3,253,804	746,196	0	0	(16,049,058)	0		0	(12,049,058)	
	00-0000000	Cigna Nederland Gamma B.V.	0	0	0	0	0	0		0	0	
	00-0000000	Cigna Oak Holdings, Ltd.	0	0	0	0	0	0		0	0	
	98-1232443	Cigna Palmetto Holdings, Ltd.	0	0	0	0	0	0		0	0	
	46-4099800	Cigna Poplar Holdings, Inc.	0	0	0	0	0	0		0	0	
	06-1071502	Cigna RE Corporation	0	100,000	0	0	0	0		0	100,000	
	06-1567902	Cigna Resource Manager, Inc.	0	0	0	0	0	0		0	0	
	00-0000000	Cigna Services Middle East FZE	0	0	0	0	0	0		0	0	
	00-0000000	Cigna Spruce Holdings GmbH	0	0	0	0	0	0		0	0	
	00-0000000	Cigna Teak Holdings, LLC	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	
	83-1069280	Cigna Ventures, LLC	0	113,638,329	0	0	0	0		0	113,638,329	
	00-0000000	Cigna Walnut Holdings, Ltd.	0	0	0	0	0	0		0	0	
	00-0000000	Cigna Willow Holdings, Ltd.	0	0	0	0	0	0		0	0	
	00-0000000	Cigna Worldwide General Insurance Company Limited	0	0	0	0	0	0		0	0	
90859	23-2088429	Cigna Worldwide Insurance Company	(37,000,000)	0	0	0	120,000	0		0	(36,880,000)	1,717,790

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	Claims and Risk Services Limited	0	0	0	0	0	0		0	0	
	00-0000000	ManipalCigna Health Insurance Company Limited	0	0	0	0	0	0		0	0	
	84-1461840	Community Health Network, LLC	0	0	0	0	0	0		0	0	
	06-1252419	Connecticut General Benefit Payments, Inc.	0	0	0	0	0	0		0	0	
	06-0840391	Connecticut General Corporation	0	74,900,000	0	0	(3,125)	0		0	74,896,875	
62308	06-0303370	Connecticut General Life Insurance Company	(70,000,000)	1,170,065	0	0	(16,256,120)	(595,552)		0	(85,681,607)	(63,699)
	82-4936006	CPI-CII 9171 Wilshire JV LLC	0	0	0	0	0	0		0	0	
	27-3555688	CR Washington Street Investors LP	0	0	0	0	0	0		0	0	
	36-4369972	CuraScript, Inc.	0	0	0	0	0	0		0	0	
	86-1305728	Deco Apartments JV LLC	0	0	0	0	0	0		0	0	
	86-1334095	Deco Apartments Owner LLC	0	0	0	0	0	0		0	0	
	16-1526641	Diversified NY IPA, Inc.	0	0	0	0	0	0		0	0	
	41-1627938	Diversified Pharmaceutical Services, Inc.	0	0	0	0	0	0		0	0	
	27-3542089	Econdisc Contracting Solutions, LLC	0	0	0	0	0	0		0	0	
	00-0000000	Egyptian Emirates Administration Services SAE	0	0	0	0	0	0		0	0	
	00-0000000	ESI Canada	0	0	0	0	0	0		0	0	
	00-0000000	ESI GP Canada ULC	0	0	0	0	0	0		0	0	
	43-1925556	ESI GP Holdings, Inc.	0	0	0	0	0	0		0	0	
	00-0000000	ESI GP2 Canada ULC	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	
	43-1867735	ESI Mail Pharmacy Service, Inc.	0	0	0	0	0	0		0	0	
	43-1925562	ESI Partnership	0	0	0	0	0	0		0	0	
	41-2006555	ESI Resources, Inc.	0	0	0	0	0	0		0	0	
	92-1016132	ESSCH Holdings, Inc.	0	0	0	0	0	0		0	0	
	94-3107309	Evernorth Behavioral Health of California, Inc.	0	0	0	0	(49,340)	0		0	(49,340)	
	75-2751090	Evernorth Behavioral Health of Texas, Inc.	0	0	0	0	(196,274)	0		0	(196,274)	
	41-1648670	Evernorth Behavioral Health, Inc.	(135,000,000)	0	0	0	(144,462,992)	0		0	(279,462,992)	
	86-1465626	Evernorth Care Solutions, Inc.	0	0	0	0	0	0		0	0	
	32-0222252	Evernorth Direct Health, LLC	0	0	0	0	(7,114)	0		0	(7,114)	
	85-2732455	Evernorth Enterprise Services, Inc.	0	0	0	0	0	0		0	0	
	85-2759151	Evernorth Sales Operations, Inc.	0	0	0	0	0	0		0	0	
	85-2717903	Evernorth Strategic Development, Inc.	0	0	0	0	0	0		0	0	
	46-4676347	eviCore 1, LLC	0	0	0	0	0	0		0	0	
	62-1615395	eviCore healthcare MSI, LLC	0	0	0	0	22,996,578	0		0	22,996,578	
13918	27-3175443	Express Reinsurance Company	0	0	0	0	0	0		0	0	
	41-2063830	Express Scripts Administrators LLC	0	0	0	0	0	0		0	0	
	00-0000000	Express Scripts Canada Co.	0	0	0	0	0	0		0	0	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	43-1942542	Express Scripts Canada Holding Co.	0	0	0	0	0	0		0	0	
	27-1490640	Express Scripts Canada Holding, LLC	0	0	0	0	0	0		0	0	
	00-0000000	Express Scripts Canada Services	0	0	0	0	0	0		0	0	
	00-0000000	Express Scripts Canada Wholesale	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	
	45-2884094	Evernorth Health, Inc.	0	0	0	0	(398,329)	0		0	(398,329)	
	20-5826948	Express Scripts Pharmaceutical Procurement, LLC	0	0	0	0	0	0		0	0	
	00-0000000	Express Scripts Pharmacy Atlantic, Ltd.	0	0	0	0	0	0		0	0	
	00-0000000	Express Scripts Pharmacy Central, Ltd.	0	0	0	0	0	0		0	0	
	00-0000000	Express Scripts Pharmacy Ontario, Ltd.	0	0	0	0	0	0		0	0	
	00-0000000	Express Scripts Pharmacy West, Ltd.	0	0	0	0	0	0		0	0	
	30-0789911	Express Scripts Pharmacy, Inc.	0	0	0	0	0	0		0	0	
	22-3114423	Express Scripts Sales Operations, Inc.	0	0	0	0	0	0		0	0	
	20-3126104	Express Scripts Senior Care Holdings, Inc.	0	0	0	0	0	0		0	0	
	20-3126075	Express Scripts Senior Care, Inc.	0	0	0	0	0	0		0	0	
	43-1832983	Express Scripts Services Co.	0	0	0	0	0	0		0	0	
	43-1869712	Express Scripts Specialty Distribution Services, Inc.	0	0	0	0	0	0		0	0	
	22-2230703	Express Scripts Strategic Development, Inc.	0	0	0	0	0	0		0	0	
	43-1869714	Express Scripts Utilization Management Company	0	0	0	0	0	0		0	0	
	43-1420563	Express Scripts, Inc.	0	0	0	0	98,890,987	0		0	98,890,987	
	00-0000000	FirstAssist Administration Limited	0	0	0	0	0	0		0	0	
	23-1914061	Former Cigna Investments, Inc.	0	0	0	0	(54,237)	0		0	(54,237)	
	88-3762943	Forsyth Health, LLC	0	0	0	0	0	0		0	0	
	02-0523249	Freco, Inc.	0	0	0	0	0	0		0	0	
	20-3229217	Freedom Service Company, LLC	0	0	0	0	0	0		0	0	
	00-0000000	Gillette Ridge Community Council, Inc.	0	0	0	0	0	0		0	0	
	20-3700105	Gillette Ridge Golf, LLC	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	
	00-0000000	GRG Acquisitions LLC	0	(72,173)	0	0	0	0		0	(72,173)	
	76-0657035	GulfQuest, LP	0	0	0	0	340,006,266	0		0	340,006,266	
	87-3650143	Hartford Community Lender Holding LLC	0	0	0	0	0	0		0	0	
	87-3686301	Hartford Community Lender I LLC	0	0	0	0	0	0		0	0	
	52-2149519	Hazard Center Investment Company LLC	0	0	0	0	0	0		0	0	
	04-2992335	Healthbridge Reimbursement & Product Support, Inc.	0	0	0	0	0	0		0	0	
	26-2159005	Healthbridge, Inc.	0	0	0	0	0	0		0	0	
	46-2086778	Health-Lynx, LLC	0	0	0	0	0	0		0	0	
	06-1533555	Healthsource Benefits, Inc.	0	0	0	0	0	0		0	0	
	02-0467679	Healthsource Properties, Inc.	0	0	0	0	0	0		0	0	

ANNUAL STATEMENT FOR THE YEAR 2022 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)
	02-0387748	Healthsource, Inc.	22,000,000	640,000,000	0	0	(1,190)	0		0	661,998,810	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.	150,000,000	0	0	0	(654,786,017)	0		0	(504,786,017)	
	20-8647386	HealthSpring Management of America, LLC	220,000,000	0	0	0	204,221,778	0		0	424,221,778	
11532	65-1129599	HealthSpring of Florida, Inc.	0	15,000,000	0	0	(54,567,289)	0		0	(39,567,289)	
	26-2353772	HealthSpring Pharmacy of Tennessee, LLC	0	0	0	0	0	0		0	0	
	26-2353476	HealthSpring Pharmacy Services, LLC	0	0	0	0	0	0		0	0	
	72-1559530	HealthSpring USA, LLC	0	0	0	0	188,340,537	0		0	188,340,537	
	20-1821898	HealthSpring, Inc.	0	0	0	0	(401,898)	0		0	(401,898)	
	81-4139432	Heights at Bear Creek Borrower LLC	0	0	0	0	0	0		0	0	
	81-4139432	Heights at Bear Creek Mezzanine LLC	0	0	0	0	0	0		0	0	
	81-4139432	Heights at Bear Creek Venture LLC	0	0	0	0	0	0		0	0	
	20-4266628	Home Physicians Management, LLC	0	0	0	0	0	0		0	0	
	75-3108521	HouQuest, LLC	0	0	0	0	0	0		0	0	
	37-1708015	Houston Briar Forest Apartments Limited Partnership	0	0	0	0	0	0		0	0	
	95-4838551	Ideal Properties II LLC	0	0	0	0	0	0		0	0	
	35-2041388	IHN, Inc.	0	0	0	0	(1,482)	0		0	(1,482)	
	00-0000000	Independent Health Information Technology Services L.L.C.	0	0	0	0	0	0		0	0	
	82-1655179	Innovative Product Alignment, LLC	0	0	0	0	0	0		0	0	
	82-0658250	Inside RX, LLC	0	0	0	0	0	0		0	0	
	81-0425785	Intermountain Underwriters, Inc.	0	0	0	0	16,757	0		0	16,757	
	00-0000000	International Pharmaceutical Solutions, GmbH	0	0	0	0	0	0		0	0	
	84-3406799	JA Lofts Holdings, LLC	0	0	0	0	0	0		0	0	
	84-3395923	JA Lofts JV Limited Partnership	0	0	0	0	0	0		0	0	
	00-0000000	Kuwait Emirates Administration Services WLL	0	0	0	0	0	0		0	0	
	20-8064696	Kronos Optimal Health Company	0	0	0	0	(2,608)	0		0	(2,608)	
	47-5292506	L&C Investments, LLC	0	0	0	0	0	0		0	0	
	47-4375626	Lakehills CM-CG LLC	0	0	0	0	0	0		0	0	
65722	63-0343428	Loyal American Life Insurance Company	(21,017,979)	(3,982,021)	0	0	(72,873,882)	0		0	(97,873,882)	
	58-2593075	Lynnfield Compounding Center, Inc.	0	0	0	0	0	0		0	0	
	04-3546044	Lynnfield Drug, Inc.	0	0	0	0	0	0		0	0	
	27-1506930	MAH Pharmacy, LLC	0	0	0	0	0	0		0	0	
	80-0908244	Mallory Square Partners I, LLC	0	0	0	0	0	0		0	0	
	88-0241365	Managed Care Consultants, Inc.	0	0	0	0	0	0		0	0	
	51-0500147	Matrix GPO, LLC	0	0	0	0	0	0		0	0	
	59-3720653	Matrix Healthcare Services, Inc.	0	0	0	0	0	0		0	0	
	06-1346406	MCC Independent Practice Association of New York, Inc.	0	0	0	0	(24,264)	0		0	(24,264)	
	45-4937055	MDLive, Inc.	0	0	0	0	0	0		0	0	
	00-0000000	MDLive LLC	0	0	0	0	0	0		0	0	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-0000000	MDLivevisit, LLC	0	0	0	0	0	0		0	0	
	00-0000000	MDLive Provider Services, LLC	0	0	0	0	0	0		0	0	
34720	13-3506395	Medco Containment Insurance Company of NY	0	90,000,000	0	0	(3,547,290)	0		0	86,452,710	
63762	42-1425239	Medco Containment Life Insurance Company	(32,300,000)	0	0	0	(109,402,181)	0		0	(141,702,181)	
	27-3709630	Medco Europe II, LLC	0	0	0	0	0	0		0	0	
	46-2166374	Medco Europe, LLC	0	0	0	0	0	0		0	0	
	84-5017653	Medco Health Information Network Partners, Inc.	0	0	0	0	0	0		0	0	
	81-0616525	Medco Health Puerto Rico, LLC	0	0	0	0	0	0		0	0	
	26-3544786	Medco Health Services, Inc.	0	0	0	0	0	0		0	0	
	22-3461740	Medco Health Solutions, Inc.	32,300,000	(90,000,000)	0	0	0	0		0	(57,700,000)	
	88-0334401	Mediversal, Inc.	0	0	0	0	0	0		0	0	
	27-3801345	MedSolutions Holdings, Inc.	0	0	0	0	0	0		0	0	
	87-2810715	Montclair 11 Pine Operating Company LLC	0	0	0	0	0	0		0	0	
	87-2810715	Montclair 11 Pine Urban Renewal LLC	0	0	0	0	0	0		0	0	
	87-2772585	Montclair Residences JV LLC	0	0	0	0	0	0		0	0	
	32-0071543	MSI Health Organization of Texas, Inc.	0	0	0	0	(2,015,236)	0		0	(2,015,236)	
	27-5492993	MSI HT, LLC	0	0	0	0	0	0		0	0	
	27-5493148	MSI LT, LLC	0	0	0	0	0	0		0	0	
	27-5493321	MSI SAR-GW, LLC	0	0	0	0	0	0		0	0	
	86-1090522	MSIAZ I, LLC	0	0	0	0	0	0		0	0	
	20-1749733	MSICA I, LLC	0	0	0	0	0	0		0	0	
	20-1222347	MSICO I, LLC	0	0	0	0	0	0		0	0	
	55-0840800	MSIFL, LLC	0	0	0	0	0	0		0	0	
	26-0181185	MSIMD I, LLC	0	0	0	0	0	0		0	0	
	74-3122235	MSINC I, LLC	0	0	0	0	0	0		0	0	
	11-3715243	MSINH II, LLC	0	0	0	0	0	0		0	0	
	03-0524694	MSINH, LLC	0	0	0	0	0	0		0	0	
	20-1749446	MSINJ I, LLC	0	0	0	0	0	0		0	0	
	20-1761914	MSINV I, LLC	0	0	0	0	0	0		0	0	
	55-0840806	MSISC II, LLC	0	0	0	0	0	0		0	0	
	26-0336736	MSIVT I, LLC	0	0	0	0	0	0		0	0	
	20-2536458	MSIWA, LLC	0	0	0	0	0	0		0	0	
	36-4833284	MyM Technology Services, LLC	0	0	0	0	0	0		0	0	
	82-1350878	myMatrixx Holdings, LLC	0	0	0	0	0	0		0	0	
	46-2589799	myMatrixx-B, LLC	0	0	0	0	0	0		0	0	
	00-0000000	NAS Administrative Services Company LLC	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	
	00-0000000	NAS United SPV	0	0	0	0	0	0		0	0	
	00-0000000	Neuron LLC	0	0	0	0	0	0		0	0	
	52-1929677	NewQuest Management Northeast, LLC	0	0	0	0	191,223,519	0		0	191,223,519	
	33-1033586	NewQuest Management of Alabama, LLC	0	0	0	0	261,792,525	0		0	261,792,525	
	20-4954206	NewQuest Management of Florida, LLC	0	0	0	0	38,704,353	0		0	38,704,353	

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)
	77-0632665	NewQuest Management of Illinois, LLC	0	0	0	0	35,618,531	0		0	35,618,531	
	45-0633893	NewQuest Management of West Virginia, LLC	0	0	0	0	0	0		0	0	
	76-0628370	NewQuest, LLC	(590,000,000)	0	0	0	(1,323,856)	0		0	(591,323,856)	
	82-5244890	Octave Health Group, Inc.	0	0	0	0	0	0		0	0	
	91-1599329	Olympic Health Management Services, Inc.	0	0	0	0	0	0		0	0	
	91-1500758	Olympic Health Management Systems, Inc.	0	0	0	0	0	0		0	0	
	80-0818758	Patient Provider Alliance, Inc.	0	0	0	0	0	0		0	0	
	35-1927379	Priority Healthcare Corporation	0	0	0	0	0	0		0	0	
	59-3761140	Priority Healthcare Distribution, Inc.	0	0	0	0	0	0		0	0	
67903	23-1335885	Provident American Life & Health Insurance Company	(3,253,804)	(746,196)	0	0	(174,085)	0		0	(4,174,085)	
	00-0000000	PT GAR Indonesia	0	0	0	0	0	0		0	0	
	45-5046449	PUR Arbors Apartments Venture LLC	0	0	0	0	0	0		0	0	
	46-1801639	QualCare Management Resources Limited Liability Company	0	0	0	0	0	0		0	0	
	00-0000000	Qualient Pharmaceuticals Holdings LP	0	0	0	0	0	0		0	0	
	00-0000000	Qualient Pharmaceuticals Health LLC	0	0	0	0	(12,587)	0		0	(12,587)	
	45-5569416	QPID Health, LLC	0	0	0	0	0	0		0	0	
	83-1460134	Rise-CG Capitol Hill, LP	0	0	0	0	0	0		0	0	
	84-3254168	Rise-CG JA Lofts Limited Partnership	0	0	0	0	0	0		0	0	
	35-1641636	Sagamore Health Network, Inc.	0	0	0	0	967,340	0		0	967,340	
	46-3593103	SB-SNH LLC	0	0	0	0	0	0		0	0	
	95-2876207	Secon Properties, LP	0	0	0	0	0	0		0	0	
	82-1732483	SOMA Apartments Venture LLC	0	0	0	0	0	0		0	0	
	82-4405071	Specialty Products Acquisitions, LLC	0	0	0	0	0	0		0	0	
	61-1317695	SpectraCare Health Care Ventures, Inc.	0	0	0	0	0	0		0	0	
	61-1147068	SpectraCare, Inc.	0	0	0	0	0	0		0	0	
77399	13-1867829	Sterling Life Insurance Company	(10,788,947)	788,947	0	0	(1,877,893)	0		0	(11,877,893)	
	47-2658932	Strategic Pharmaceutical Investments, LLC	0	0	0	0	0	0		0	0	
	00-0000000	SureScripts, LLC	0	0	0	0	0	0		0	0	
	87-0903685	Swedesford Road Apartments, LLC	0	0	0	0	0	0		0	0	
	22-3474888	Systemed, LLC	0	0	0	0	0	0		0	0	
	23-3074013	Tel-Drug of Pennsylvania, LLC	0	0	0	0	0	0		0	0	
	46-0427127	Tel-Drug, Inc.	0	0	0	0	0	0		0	0	
	00-0000000	Temple Insurance Company Limited	0	0	0	0	(34,500)	0		0	(34,500)	
	20-5524622	Tennessee Quest, LLC	0	0	0	0	0	0		0	0	
	75-3108527	TexQuest, LLC	0	0	0	0	0	0		0	0	
	85-1955731	The Flats at Interbay Holdings, LLC	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	
	85-1962013	The Flats at Interbay Limited Partnership	0	0	0	0	0	0		0	0	
	46-5264463	Trainer Rx, Inc.	0	0	0	0	0	0		0	0	

ANNUAL STATEMENT FOR THE YEAR 2022 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	Transwestern Federal, L.L.C.	0	0	0	0	0	0		0	0	
.....	00-0000000	Transwestern Federal Holdings, L.L.C.	0	0	0	0	0	0		0	0	
.....	88-0344624	Universal Claims Administration	0	0	0	0	0	0		0	0	
.....	98-0463704	Vielife Services, Inc.	0	0	0	0	0	0		0	0	
.....	00-0000000	Verity Solutions Group, Inc.	(25,000,000)	0	0	0	(2,351)	0		0	(25,002,351)	
.....	00-0000000	Westcore CG AC, LLC	0	0	0	0	0	0		0	0	
.....	84-3178563	Westcore CG Camelback, LLC	0	0	0	0	0	0		0	0	
.....	84-3178563	Westcore CG Cedar Port, LLC	0	0	0	0	0	0		0	0	
.....	00-0000000	Westcore CG Commerce, LLC	0	0	0	0	0	0		0	0	
.....	84-3178563	Westcore CG Dove Valley I, LLC	0	0	0	0	0	0		0	0	
.....	84-3178563	Westcore CG Dove Valley II, LLC	0	0	0	0	0	0		0	0	
.....	84-3178563	Westcore CG Eisenhower, LLC	0	0	0	0	0	0		0	0	
.....	84-3178563	Westcore CG II Eisenhower, LLC	0	0	0	0	0	0		0	0	
.....	84-3178563	Westcore CG Fountain Lakes, LLC	0	0	0	0	0	0		0	0	
.....	84-3178563	Westcore CG Gateway, LLC	0	0	0	0	0	0		0	0	
.....	84-3178563	Westcore CG I-35, LLC	0	0	0	0	0	0		0	0	
.....	84-3178563	Westcore CG Navy, LLC	0	0	0	0	0	0		0	0	
.....	84-3178563	Westcore CG Potomac Park, LLC	0	0	0	0	0	0		0	0	
.....	84-3178563	Westcore CG Solano, LLC	0	0	0	0	0	0		0	0	
.....	84-3178563	Westcore CG Susana, LLC	0	0	0	0	0	0		0	0	
.....	00-0000000	Westcore CG Venture, LLC	0	0	0	0	0	0		0	0	
.....	87-3624928	Westcore CG Venture II, LLC	0	0	0	0	0	0		0	0	
.....	87-3624928	Westcore CG II AC, LLC	0	0	0	0	0	0		0	0	
.....	87-3624928	Westcore CG II Park 225, LLC	0	0	0	0	0	0		0	0	
.....	87-3624928	Westcore CG II Union Cross, LLC	0	0	0	0	0	0		0	0	
.....	00-0000000	Willow DSP LLC	0	0	0	0	0	0		0	0	
.....	00-0000000	YCFM Servicios LTDA	0	0	0	0	0	0		0	0	
9999999 Control Totals			0	0	0	0	0	1	XXX	0	1	0

ANNUAL STATEMENT FOR THE YEAR 2022 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	2	3	4	5	6	7	8
		Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)		U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
Insurers in Holding Company	Owners with Greater Than 10% Ownership			Ultimate Controlling Party			
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.....
	Provident American Life and Health Insurance Company						
Cigna Insurance Company		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.....

ANNUAL STATEMENT FOR THE YEAR 2022 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	2	3	4	5	6	7	8
		Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)			Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
Insurers in Holding Company	Owners with Greater Than 10% Ownership			Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5		
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.....
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.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management’s Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association 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
JUNE FILING	
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

SUPPLEMENTAL FILINGS

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

MARCH FILING	
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 2022 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

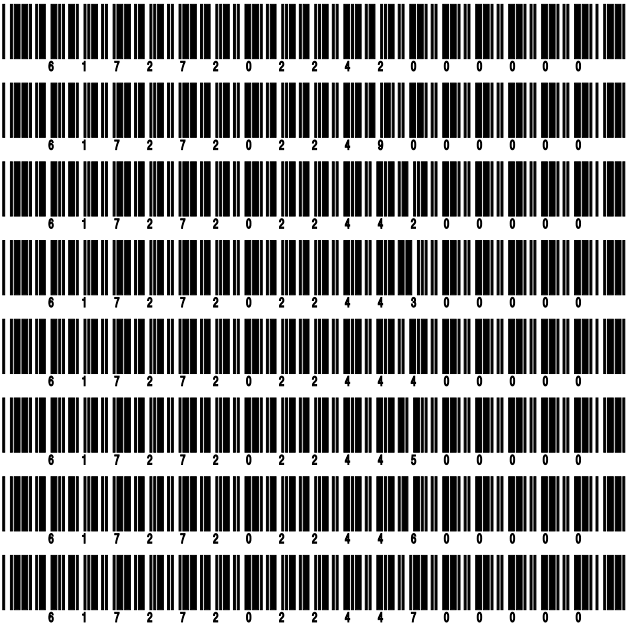
36.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
37.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
38.	Will the Credit Insurance 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:
10.
12.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
25.
26.
27.
28.
30.
31.
32.
33.
34.
37.
38.
40.
41.
42.
43.
44.
45.
46.
47.
48.

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	617272022448000000
22.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	617272022449000000
23.	C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	617272022450000000
24.	C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	617272022451000000
25.	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	617272022452000000
26.	Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	617272022453000000
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]	617272022454000000
28.	Workers' Compensation Carve-Out Supplement [Document Identifier 495]	617272022495000000
30.	Medicare Part D Coverage Supplement [Document Identifier 365]	617272022365000000
31.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	617272022224000000
32.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	617272022225000000
33.	Relief from the Requirements for Audit Committees [Document Identifier 226]	617272022226000000
34.	VM-20 Reserves Supplement [Document Identifier 456]	617272022456000000
37.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	617272022306000000
38.	Credit Insurance Experience Exhibit [Document Identifier 230]	617272022230000000
40.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	617272022216000000
41.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	617272022217000000
42.	Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	617272022435000000
43.	Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]	617272022345000000
44.	Variable Annuities Supplement [Document Identifier 286]	617272022286000000
45.	Executive Summary of the PBR Actuarial Report [Document Identifier 457]	617272022457000000
46.	Life Summary of the PBR Actuarial Report [Document Identifier 458]	617272022458000000
47.	Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]	617272022459000000
48.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	617272022223000000

NONE



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3MJ CNHIC-MS-AA-A-AL	J	NO	0034000	02/09/2007	07/24/2009			MEDICARE SUPPLEMENT	4,943	4,577	92.6	1	0	0	0.0	0
YES	CNHIC-MS-AA-F-AL	0	NO	0234000	12/21/2020					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-AL	0	NO	0234000	12/21/2020					0	0	0.0	0	68,319	47,385	69.4	35
YES	CNHIC-MS-AA-F-AL	0	NO	0234000	12/21/2020					0	0	0.0	0	116,127	111,659	96.2	119
YES	CNHIC-MS-AA-G-AL	0	NO	0234000	12/21/2020					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-AL	0	NO	0234000	12/21/2020					0	0	0.0	0	185,563	145,717	78.5	112
YES	CNHIC-MS-AA-G-AL	0	NO	0234000	12/21/2020					0	0	0.0	0	269,934	175,636	65.1	354
YES	CNHIC-MS-AA-N-AL	0	NO	0234000	12/21/2020					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-AL	0	NO	0234000	12/21/2020					0	0	0.0	0	75,578	56,920	75.3	64
YES	CNHIC-MS-AA-N-AL	0	NO	0234000	12/21/2020					0	0	0.0	0	82,899	64,780	78.1	141
YES	CNHIC-MS-AA-N-AL	0	NO	0234000	12/21/2020					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										4,943	4,577	92.6	1	798,420	602,097	75.4	825
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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
											0.0				0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0	
											0.0					0.0	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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 2019				Policies Issued in 2020; 2021; 2022			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
												0.0				0.0	
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	31F(AR)	F.....	NO.....	0034000	01/12/2004			05/31/2010	MEDICARE SUPPLEMENT	4,499	1,574	35.0	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										4,499	1,574	35.0	1	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0				0.0		
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	CNHIC-MS-AA-A-CO	0.....	NO.....	0234060	02/23/2021					0	0	0.0	0	0	0	0.0	0
YES.....	CNHIC-MS-AA-F-CO	0.....	NO.....	0234060	02/23/2021					0	0	0.0	0	142,697	147,993	103.7	73
YES.....	CNHIC-MS-AA-F-CO	0.....	NO.....	0234060	02/23/2021					0	0	0.0	0	284,239	415,368	146.1	257
YES.....	CNHIC-MS-AA-F-CO	0.....	NO.....	0234060	02/23/2021					0	0	0.0	0	0	0	0.0	0
YES.....	CNHIC-MS-AA-G-CO	0.....	NO.....	0234060	02/23/2021					0	0	0.0	0	632,689	562,489	88.9	392
YES.....	CNHIC-MS-AA-G-CO	0.....	NO.....	0234060	02/23/2021					0	0	0.0	0	1,108,592	917,255	82.7	1,400
YES.....	CNHIC-MS-AA-G-CO	0.....	NO.....	0234060	02/23/2021					0	0	0.0	0	106	140	132.3	0
YES.....	CNHIC-MS-AA-N-CO	0.....	NO.....	0234060	02/23/2021					0	0	0.0	0	170,756	108,492	63.5	148
YES.....	CNHIC-MS-AA-N-CO	0.....	NO.....	0234060	02/23/2021					0	0	0.0	0	269,711	201,139	74.6	427
YES.....	CNHIC-MS-AA-N-CO	0.....	NO.....	0234060	02/23/2021					0	0	0.0	0	0	101	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	2,608,790	2,352,977	90.2	2,697
										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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0		0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0				0.0		
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0				0.0		
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	31F(GA)	F.....	NO.....	0034000	12/31/2003 ..			05/31/2010 ..	MEDICARE SUPPLEMENT	(10).....	1,947.....	(19,470.0).....	0.....	0.....	0.....	0.0.....	0.....
YES.....	31G(GA)	G.....	NO.....	0034000	12/31/2003 ..	07/24/2009 ..			MEDICARE SUPPLEMENT	3,167.....	16,024.....	506.0.....	1.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										3,157.....	17,971.....	569.2.....	1.....	0.....	0.....	0.0.....	0.....
												0.0.....				0.0.....	
0299999. Total Experience on Group Policies										0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

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

2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0		0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

GENERAL INTERROGATORIES

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

360 ID



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0				0.0		
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3MD(IL)	D.....	NO.....	0034060	11/18/2003	07/25/2009			MEDICARE SUPPLEMENT	6,282	2,820	44.9	1	0	0	0.0	0
YES.....	3ME(IL)	E.....	NO.....	0034060	11/04/2005	07/25/2009			MEDICARE SUPPLEMENT	5,669	6,493	114.5	1	0	0	0.0	0
YES.....	3MF(IL)	F.....	NO.....	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT	30,009	8,094	27.0	4	0	0	0.0	0
YES.....	3MF(IL)	F.....	NO.....	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT	14,221	768	5.4	2	0	0	0.0	0
YES.....	3MF(IL)	F.....	NO.....	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT	9,397	3,161	33.6	1	0	0	0.0	0
YES.....	3MH(IL)	H.....	NO.....	0034060	09/21/2007	07/25/2009			MEDICARE SUPPLEMENT	4,057	6,502	160.2	1	0	0	0.0	0
YES.....	3MI(IL)	I.....	NO.....	0034060	08/11/2006	07/25/2009			MEDICARE SUPPLEMENT		1,776	0.0	0	0	0	0.0	0
YES.....	3MJ(IL)	J.....	NO.....	0034060	09/21/2007	07/25/2009		05/31/2010	MEDICARE SUPPLEMENT	21,568	10,385	48.2	4	0	0	0.0	0
YES.....	3MK(IL)	F.....	NO.....	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,287	7,632	592.9	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										92,490	47,629	51.5	15	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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi.....
Title Appointed Actuary..... Telephone Number 330-241-1245.....

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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	3ME.....	E.....	NO.....	0034000.....	11/01/2005.....	07/29/2009.....			MEDICARE SUPPLEMENT.....	3,646.....	2,654.....	72.8.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MF.....	F.....	NO.....	0034000.....	12/22/2003.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	6,623.....	913.....	13.8.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MF.....	F.....	NO.....	0034000.....	12/22/2003.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	1,346.....	2,805.....	208.4.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	3MF.....	F.....	NO.....	0034000.....	12/22/2003.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	5,462.....	1,489.....	27.3.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MG.....	G.....	NO.....	0034000.....	12/22/2003.....	07/29/2009.....			MEDICARE SUPPLEMENT.....	4,730.....	570.....	12.1.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MG.....	G.....	NO.....	0034000.....	12/22/2003.....	07/29/2009.....			MEDICARE SUPPLEMENT.....	4,446.....	1,016.....	22.9.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MI (IN).....	I.....	NO.....	0034000.....	12/05/2006.....	07/29/2009.....			MEDICARE SUPPLEMENT.....	355.....	1,514.....	426.6.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	3MJ (IN).....	J.....	NO.....	0034000.....	04/11/2007.....	07/29/2009.....			MEDICARE SUPPLEMENT.....	5,319.....	19,452.....	365.7.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MJ (IN).....	J.....	NO.....	0034000.....	04/11/2007.....	07/29/2009.....			MEDICARE SUPPLEMENT.....	4,189.....	5,538.....	132.2.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MK.....	F.....	NO.....	0034000.....	12/22/2003.....			05/31/2010.....	HIGH DEDUCTIBLE MEDICARE SUPPLEMENT -.....	867.....	(64).....	(7.4).....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MK.....	F.....	NO.....	0034000.....	12/22/2003.....			05/31/2010.....	HIGH DEDUCTIBLE MEDICARE SUPPLEMENT -.....	1,026.....	309.....	30.1.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	CNHIC-MS-AA-A.....	A.....	NO.....	0234060.....	02/25/2020.....				MEDICARE SUPPLEMENT.....	0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	CNHIC-MS-AA-F.....	F.....	NO.....	0234000.....	02/25/2020.....				MEDICARE SUPPLEMENT.....	0.....	0.....	0.0.....	0.....	118,329.....	119,123.....	100.7.....	53.....
YES.....	CNHIC-MS-AA-F.....	F.....	NO.....	0234000.....	02/25/2020.....				MEDICARE SUPPLEMENT.....	0.....	0.....	0.0.....	0.....	329,043.....	242,156.....	73.6.....	133.....
YES.....	CNHIC-MS-AA-F.....	F.....	NO.....	0234000.....	02/25/2020.....				MEDICARE SUPPLEMENT.....	0.....	0.....	0.0.....	0.....	247,919.....	248,913.....	100.4.....	156.....
YES.....	CNHIC-MS-AA-F.....	F.....	NO.....	0234060.....	02/25/2020.....				MEDICARE SUPPLEMENT.....	0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	CNHIC-MS-AA-G.....	G.....	NO.....	0234000.....	02/25/2020.....				MEDICARE SUPPLEMENT.....	0.....	0.....	0.0.....	0.....	969,955.....	962,921.....	99.3.....	621.....
YES.....	CNHIC-MS-AA-G.....	G.....	NO.....	0234000.....	02/25/2020.....				MEDICARE SUPPLEMENT.....	0.....	0.....	0.0.....	0.....	2,562,642.....	1,958,210.....	76.4.....	1,655.....
YES.....	CNHIC-MS-AA-G.....	G.....	NO.....	0234000.....	02/25/2020.....				MEDICARE SUPPLEMENT.....	0.....	0.....	0.0.....	0.....	1,697,806.....	1,276,661.....	75.2.....	1,748.....
YES.....	CNHIC-MS-AA-G.....	G.....	NO.....	0234060.....	02/25/2020.....				MEDICARE SUPPLEMENT.....	0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	CNHIC-MS-AA-N.....	N.....	NO.....	0234000.....	02/25/2020.....				MEDICARE SUPPLEMENT.....	0.....	0.....	0.0.....	0.....	118,897.....	139,074.....	117.0.....	86.....
YES.....	CNHIC-MS-AA-N.....	N.....	NO.....	0234000.....	02/25/2020.....				MEDICARE SUPPLEMENT.....	0.....	0.....	0.0.....	0.....	353,057.....	221,820.....	62.8.....	285.....
YES.....	CNHIC-MS-AA-N.....	N.....	NO.....	0234000.....	02/25/2020.....				MEDICARE SUPPLEMENT.....	0.....	0.....	0.0.....	0.....	202,534.....	159,921.....	79.0.....	245.....
YES.....	CNHIC-MS-AA-N.....	N.....	NO.....	0234060.....	02/25/2020.....				MEDICARE SUPPLEMENT.....	0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										38,009	36,196	95.2	9	6,600,182	5,328,798	80.7	4,982
												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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758.....
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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758.....
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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
YES.....	3MF (IA)	F.....	NO.....	0034000	01/27/2004	07/25/2009	05/31/2010	MEDICARE SUPPLEMENT	23,685	17,558	74.1	4	0	0	0.0	0	
YES.....	3MG (IA)	G.....	NO.....	0034000	01/27/2004	07/25/2009	05/31/2010	MEDICARE SUPPLEMENT	20,960	4,929	23.5	5	0	0	0.0	0	
YES.....	3MJ (IA)	J.....	NO.....	0034000	02/16/2007	07/25/2009	05/31/2010	MEDICARE SUPPLEMENT	9	(248)	(2,755.6)	0	0	0	0.0	0	
0199999. Total Experience on Individual Policies										44,654	22,239	49.8	9	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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi.....
Title Appointed Actuary..... Telephone Number 330-241-1245.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3MF (KS)	F.....	NO.....	0034060	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT	0	183	0.0	0	0	0	0.0	0
YES.....	3MF (KS)	F.....	NO.....	0034060	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT	11,251	2,810	25.0	2	0	0	0.0	0
YES.....	3MF (KS)	F.....	NO.....	0034060	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT	17,790	8,304	46.7	3	0	0	0.0	0
YES.....	3MG (KS)	G.....	NO.....	0034060	02/04/2004	07/25/2009			MEDICARE SUPPLEMENT	5,745	8,145	141.8	1	0	0	0.0	0
YES.....	3MH (KS)	H.....	NO.....	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	460	6,049	1,316.0	0	0	0	0.0	0
YES.....	3MH (KS)	H.....	NO.....	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	3,884	6,998	180.2	1	0	0	0.0	0
YES.....	3MI (KS)	I.....	NO.....	0034060	05/26/2006	07/25/2009			MEDICARE SUPPLEMENT	3,955	(343)	(8.7)	0	0	0	0.0	0
YES.....	3MJ (KS)	J.....	NO.....	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	24,056	8,347	34.7	5	0	0	0.0	0
YES.....	3MJ (KS)	J.....	NO.....	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	23,690	33,012	139.3	5	0	0	0.0	0
	CNHIC-MS-AA-A-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-F-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	121,784	84,929	69.7	53
	CNHIC-MS-AA-F-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	415,545	363,622	87.5	237
	CNHIC-MS-AA-F-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-G-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	323,122	247,037	76.5	203
	CNHIC-MS-AA-G-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	819,552	571,344	69.7	1,049
	CNHIC-MS-AA-G-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	0	101	0.0	0
	CNHIC-MS-AA-N-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	78,101	41,642	53.3	58
	CNHIC-MS-AA-N-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	164,418	81,921	49.8	217
	CNHIC-MS-AA-N-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-OA-A-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-OA-F-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	1,505	268	17.8	1
	CNHIC-MS-OA-F-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	8,097	2,536	31.3	6
	CNHIC-MS-OA-F-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-OA-G-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	6,311	606	9.6	3
	CNHIC-MS-OA-G-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	17,343	10,971	63.3	26
	CNHIC-MS-OA-G-KS																
YES.....		0.....	NO.....	0234060	05/10/2021					0	0	0.0	0	0	0	0.0	0



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Charac- teris- tics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	CNH1C-MS-OA-N-KS	0.....	NO.....	0234060	05/10/2021					0.....	0.....	0.0.....	0.....	1,575.....	3,036.....	192.8.....	1.....
YES.....	CNH1C-MS-OA-N-KS	0.....	NO.....	0234060	05/10/2021					0.....	0.....	0.0.....	0.....	10,012.....	3,109.....	31.0.....	12.....
YES.....	CNH1C-MS-OA-N-KS	0.....	NO.....	0234060	05/10/2021					0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										90,830	73,505	80.9	17	1,967,363	1,411,123	71.7	1,866
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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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

360.KY



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3ME (KY)	E.....	NO.....	0034060	11/16/2005	07/25/2009			MEDICARE SUPPLEMENT	4,657	4,273	91.8	1	0	0	0.0	0
YES.....	3MI (KY)	I.....	NO.....	0034060	06/02/2006	07/25/2009			MEDICARE SUPPLEMENT	6,119	4,560	74.5	1	0	0	0.0	0
	CNHIC-MS-AA-A-KY								Modernized Medicare Supplement Insurance Plan								
YES.....		0.....	NO.....	0234060	01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-F-KY								Modernized Medicare Supplement Insurance Plan								
YES.....		0.....	NO.....	0234060	01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	45,515	34,941	76.8	66
	CNHIC-MS-AA-F-KY								Modernized Medicare Supplement Insurance Plan								
YES.....		0.....	NO.....	0234060	01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-G-KY								Modernized Medicare Supplement Insurance Plan								
YES.....		0.....	NO.....	0234060	01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	108,016	90,797	84.1	202
	CNHIC-MS-AA-G-KY								Modernized Medicare Supplement Insurance Plan								
YES.....		0.....	NO.....	0234060	01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	123	0.0	0
	CNHIC-MS-AA-HDG-KY								Modernized Medicare Supplement Insurance Plan								
YES.....		0.....	NO.....	0234060	01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	3,393	2,387	70.3	5
	CNHIC-MS-AA-HDG-KY								Modernized Medicare Supplement Insurance Plan								
YES.....		0.....	NO.....	0234060	01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-N-KY								Modernized Medicare Supplement Insurance Plan								
YES.....		0.....	NO.....	0234060	01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	29,950	14,591	48.7	68
	CNHIC-MS-AA-N-KY								Modernized Medicare Supplement Insurance Plan								
YES.....		0.....	NO.....	0234060	01/25/2022					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										10,776	8,833	82.0	2	186,874	142,838	76.4	341
												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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	3MF(LA)R CNHIC-MS-AA-A-LA	F.....	NO.....	0034060	10/14/2003			..05/31/2010 ..	MEDICARE SUPPLEMENT	7,150	1,706	23.9	1	0	0	0.0	0
YES.....	CNHIC-MS-AA-F-LA	0.....	NO.....	0034060	03/25/2021					0	0	0.0	0	0	0	0.0	0
YES.....	CNHIC-MS-AA-F-LA	0.....	NO.....	0034060	03/25/2021					0	0	0.0	0	105,130	72,365	68.8	43
YES.....	CNHIC-MS-AA-F-LA	0.....	NO.....	0034060	03/25/2021					0	0	0.0	0	100,573	71,583	71.2	98
YES.....	CNHIC-MS-AA-G-LA	0.....	NO.....	0034060	03/25/2021					0	0	0.0	0	0	0	0.0	0
YES.....	CNHIC-MS-AA-G-LA	0.....	NO.....	0034060	03/25/2021					0	0	0.0	0	163,277	94,656	58.0	96
YES.....	CNHIC-MS-AA-G-LA	0.....	NO.....	0034060	03/25/2021					0	0	0.0	0	232,647	188,913	81.2	280
YES.....	CNHIC-MS-AA-N-LA	0.....	NO.....	0034060	03/25/2021					0	0	0.0	0	0	92	0.0	0
YES.....	CNHIC-MS-AA-N-LA	0.....	NO.....	0034060	03/25/2021					0	0	0.0	0	33,438	12,957	38.8	27
YES.....	CNHIC-MS-AA-N-LA	0.....	NO.....	0034060	03/25/2021					0	0	0.0	0	83,911	59,114	70.4	132
YES.....	CNHIC-MS-AA-N-LA	0.....	NO.....	0034060	03/25/2021					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										7,150	1,706	23.9	1	718,975	499,679	69.5	676
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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0				0.0		
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi.....
Title Appointed Actuary..... Telephone Number 330-241-1245.....

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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	CNH1C-MS-AA-A-MD	0.....	NO.....	0034060	06/03/2021					0	0	0.0	0	7,382	19,099	258.7	1
YES.....	CNH1C-MS-AA-A-MD	0.....	NO.....	0034060	06/03/2021					0	0	0.0	0	3,232	2,875	89.0	2
YES.....	CNH1C-MS-AA-F-MD	0.....	NO.....	0034060	06/03/2021					0	0	0.0	0	72,421	38,115	52.6	31
YES.....	CNH1C-MS-AA-F-MD	0.....	NO.....	0034060	06/03/2021					0	0	0.0	0	214,232	174,654	81.5	187
YES.....	CNH1C-MS-AA-F-MD	0.....	NO.....	0034060	06/03/2021					0	0	0.0	0	0	164	0.0	110
YES.....	CNH1C-MS-AA-G-MD	0.....	NO.....	0034060	06/03/2021					0	0	0.0	0	218,075	107,628	49.4	729
YES.....	CNH1C-MS-AA-G-MD	0.....	NO.....	0034060	06/03/2021					0	0	0.0	0	593,105	477,001	80.4	72
YES.....	CNH1C-MS-AA-G-MD	0.....	NO.....	0034060	06/03/2021					0	0	0.0	0	0	0	0.0	466
YES.....	CNH1C-MS-AA-N-MD	0.....	NO.....	0034060	06/03/2021					0	0	0.0	0	106,145	95,499	90.0	
YES.....	CNH1C-MS-AA-N-MD	0.....	NO.....	0034060	06/03/2021					0	0	0.0	0	298,709	190,874	63.9	
YES.....	CNH1C-MS-AA-N-MD	0.....	NO.....	0034060	06/03/2021					0	0	0.0	0	0	0	0.0	
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,513,302	1,105,908	73.1	1,598
												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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	CNH1C-MS-AA-A-MI	0.....	NO.....	0034060	03/09/2021					0	0	0.0	0	0	0	0.0	0
YES.....	CNH1C-MS-AA-F-MI	0.....	NO.....	0034060	03/09/2021					0	0	0.0	0	127,331	110,744	87.0	55
YES.....	CNH1C-MS-AA-F-MI	0.....	NO.....	0034060	03/09/2021					0	0	0.0	0	123,137	136,915	111.2	108
YES.....	CNH1C-MS-AA-F-MI	0.....	NO.....	0034060	03/09/2021					0	0	0.0	0	0	0	0.0	0
YES.....	CNH1C-MS-AA-G-MI	0.....	NO.....	0034060	03/09/2021					0	0	0.0	0	301,375	253,849	84.2	174
YES.....	CNH1C-MS-AA-G-MI	0.....	NO.....	0034060	03/09/2021					0	0	0.0	0	343,701	261,381	76.0	456
YES.....	CNH1C-MS-AA-G-MI	0.....	NO.....	0034060	03/09/2021					0	0	0.0	0	0	0	0.0	0
YES.....	CNH1C-MS-AA-N-MI	0.....	NO.....	0034060	03/09/2021					0	0	0.0	0	252,459	170,724	67.6	190
YES.....	CNH1C-MS-AA-N-MI	0.....	NO.....	0034060	03/09/2021					0	0	0.0	0	268,796	220,690	82.1	430
YES.....	CNH1C-MS-AA-N-MI	0.....	NO.....		03/09/2021					0	0	0.0	0	159	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,416,959	1,154,303	81.5	1,413
												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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0				0.0		
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi.....
Title Appointed Actuary..... Telephone Number 330-241-1245.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-AA-F-MS	0	NO	0034000	03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	19,232	12,677	65.9	41
YES	CNHIC-MS-AA-F-MS	0	NO	0034000	03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-MS	0	NO	0034000	03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	25,887	19,645	75.9	74
YES	CNHIC-MS-AA-G-MS	0	NO	0034000	03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-HDG-MS	0	NO	0034000	03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	774	408	52.8	3
YES	CNHIC-MS-AA-HDG-MS	0	NO	0034000	03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-MS	0	NO	0034000	03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	12,738	11,520	90.4	34
YES	CNHIC-MS-AA-N-MS	0	NO	0034000	03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	58,631	44,250	75.5	152
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: 11501 Alterra Parkway, Suite 500 Austin ,

2.2 Contact Person and Phone Number: David Brosig 180-088-0882-4
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 11501 Alterra Parkway, Suite 500 Austin ,

3.2 Contact Person and Phone Number: David Brosig 180-088-0882-4
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	31F	F.....	NO.....	0034060	04/16/2004			05/31/2010	MEDICARE SUPPLEMENT	4,039	1,143	28.3	1	0	0	0.0	0
YES.....	31G	G.....	NO.....	0034060	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT	3,315	556	16.8	1	0	0	0.0	0
YES.....	31G	G.....	NO.....	0034060	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT	5,997	2,438	40.7	2	0	0	0.0	0
YES.....	31G	G.....	NO.....	0034060	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT	5,753	6,050	105.2	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										19,104	10,187	53.3	7	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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	3MF (MT)	F.....	NO.....	0034000	10/21/2004			05/31/2010	MED I CARE SUPPLEMENT	12,409	4,727	38.1	3	0	0	0.0	0
YES.....	3MF (MT)	F.....	NO.....	0034000	10/21/2004			05/31/2010	MED I CARE SUPPLEMENT	15,200	16,949	111.5	4	0	0	0.0	0
YES.....	3MF (MT)	F.....	NO.....	0034000	10/21/2004			05/31/2010	MED I CARE SUPPLEMENT	0	(55)	0.0	0	0	0	0.0	0
YES.....	3MG (MT)	G.....	NO.....	0034000	10/21/2004	07/25/2009			MED I CARE SUPPLEMENT	3,616	2,605	72.1	1	0	0	0.0	0
YES.....	3MG (MT)	G.....	NO.....	0034000	10/21/2004	07/25/2009			MED I CARE SUPPLEMENT	7,115	932	13.1	2	0	0	0.0	0
YES.....	3MJ (MT)	J.....	NO.....	0034000	03/30/2007	07/25/2009			MED I CARE SUPPLEMENT	3,688	647	17.5	1	0	0	0.0	0
YES.....	3MK (MT)	F.....	NO.....	0034000	10/21/2004			05/31/2010	MED I CARE SUPPLEMENT – HIGH DEDUCTIBLE	1,538	12	0.8	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										43,566	25,817	59.3	13	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3MF.....	F.....	NO.....	0034000	11/17/2003			05/31/2010	MEDICARE SUPPLEMENT	47,846	22,925	47.9	8	0	0	0.0	0
YES.....	3MF.....	F.....	NO.....	0034000	11/17/2003			05/31/2010	MEDICARE SUPPLEMENT	20,779	5,032	24.2	4	0	0	0.0	0
YES.....	3MF.....	F.....	NO.....	0034000	11/17/2003			05/31/2010	MEDICARE SUPPLEMENT	11,766	22,228	188.9	2	0	0	0.0	0
YES.....	3MG.....	G.....	NO.....	0034000	11/17/2003	07/25/2009			MEDICARE SUPPLEMENT	11,192	1,683	15.0	2	0	0	0.0	0
YES.....	3MJ.....	J.....	NO.....	0034000	03/08/2007	07/25/2009			MEDICARE SUPPLEMENT	22,430	27,065	120.7	4	0	0	0.0	0
YES.....	3MJ.....	J.....	NO.....	0034000	03/08/2007	07/25/2009			MEDICARE SUPPLEMENT	4,624	2,203	47.6	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										118,637	81,136	68.4	21	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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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

360.NV



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Nevada.....
NAIC Group Code 0901..... NAIC Company Code 61727.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Daniel Ernest Paffumi.....
Title Appointed Actuary..... Telephone Number 330-241-1245.....

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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	CNHIC-MS-AA-A-NV	0.....	NO.....	0234060	01/15/2021					0	0	0.0	0	0		0.0	0
YES.....	CNHIC-MS-AA-A-NV	0.....	NO.....	0234060	01/15/2021					0	0	0.0	0	0		0.0	0
YES.....	CNHIC-MS-AA-F-NV	0.....	NO.....	0234060	01/15/2021					0	0	0.0	0	104,042	141,330	135.8	40
YES.....	CNHIC-MS-AA-F-NV	0.....	NO.....	0234060	01/15/2021					0	0	0.0	0	167,363	160,980	96.2	113
YES.....	CNHIC-MS-AA-F-NV	0.....	NO.....	0234060	01/15/2021					0	0	0.0	0	0		0.0	0
YES.....	CNHIC-MS-AA-G-NV	0.....	NO.....	0234060	01/15/2021					0	0	0.0	0	465,835	329,720	70.8	230
YES.....	CNHIC-MS-AA-G-NV	0.....	NO.....	0234060	01/15/2021					0	0	0.0	0	506,135	408,994	80.8	423
YES.....	CNHIC-MS-AA-G-NV	0.....	NO.....	0234060	01/15/2021					0	0	0.0	0			0.0	0
YES.....	CNHIC-MS-AA-N-NV	0.....	NO.....	0234060	01/15/2021					0	0	0.0	0	73,744	35,876	48.6	41
YES.....	CNHIC-MS-AA-N-NV	0.....	NO.....	0234060	01/15/2021					0	0	0.0	0	85,609	57,244	66.9	90
YES.....	CNHIC-MS-AA-N-NV	0.....	NO.....	0234060	01/15/2021					0	0	0.0	0	0		0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,402,729	1,134,144	80.9	937
										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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
2.2 Contact Person and Phone Number: David Brosig 180-088-0882- 4
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
3.2 Contact Person and Phone Number: David Brosig 180-088-0882-4
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0		

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0			0.0			
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0				0.0		
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0				0.0		
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3MC(NC).....	C.....	NO.....	0034060.....	06/08/2004.....	07/25/2009.....			MEDICARE SUPPLEMENT.....	6,261.....	5,378.....	85.9.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MF(NC).....	F.....	NO.....	0034000.....	06/08/2004.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	25,618.....	2,075.....	8.1.....	4.....	0.....	0.....	0.0.....	0.....
YES.....	3MF(NC).....	F.....	NO.....	0034000.....	06/08/2004.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	16,969.....	25,100.....	147.9.....	3.....	0.....	0.....	0.0.....	0.....
YES.....	3MF(NC).....	F.....	NO.....	0034000.....	06/08/2004.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	11,449.....	3,721.....	32.5.....	2.....	0.....	0.....	0.0.....	0.....
YES.....	3MG(NC).....	G.....	NO.....	0034000.....	06/08/2004.....	07/25/2009.....			MEDICARE SUPPLEMENT.....	16,519.....	1,366.....	8.3.....	3.....	0.....	0.....	0.0.....	0.....
YES.....	3MG(NC).....	G.....	NO.....	0034000.....	06/08/2004.....	07/25/2009.....			MEDICARE SUPPLEMENT.....	25,165.....	20,396.....	81.1.....	6.....	0.....	0.....	0.0.....	0.....
YES.....	3MG(NC).....	G.....	NO.....	0034000.....	06/08/2004.....	07/25/2009.....			MEDICARE SUPPLEMENT.....	4,355.....	3,454.....	79.3.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MH(NC).....	H.....	NO.....	0034000.....	02/08/2007.....	07/25/2009.....			MEDICARE SUPPLEMENT.....	25,091.....	13,934.....	55.5.....	5.....	0.....	0.....	0.0.....	0.....
YES.....	3MJ(NC).....	J.....	NO.....	0034060.....	02/08/2007.....	07/25/2009.....			MEDICARE SUPPLEMENT.....	26,085.....	41,334.....	158.5.....	10.....	0.....	0.....	0.0.....	0.....
YES.....	3MJ(NC).....	J.....	NO.....	0034060.....	02/08/2007.....	07/25/2009.....			MEDICARE SUPPLEMENT.....	19,004.....	7,852.....	41.3.....	6.....	0.....	0.....	0.0.....	0.....
YES.....	3MJ(NC).....	J.....	NO.....	0034060.....	02/08/2007.....	07/25/2009.....			MEDICARE SUPPLEMENT.....	8,136.....	6,494.....	79.8.....	2.....	0.....	0.....	0.0.....	0.....
YES.....	CNH1C-MS-AA-A-NC.....	0.....	NO.....	0234060.....	04/13/2021.....					0.....	0.....	0.0.....	0.....	6,015.....	1,623.....	27.0.....	1.....
YES.....	CNH1C-MS-AA-F-NC.....	0.....	NO.....	0234060.....	04/13/2021.....					0.....	0.....	0.0.....	0.....	174,088.....	169,700.....	97.5.....	94.....
YES.....	CNH1C-MS-AA-F-NC.....	0.....	NO.....	0234060.....	04/13/2021.....					0.....	0.....	0.0.....	0.....	283,524.....	227,339.....	80.2.....	328.....
YES.....	CNH1C-MS-AA-F-NC.....	0.....	NO.....	0234060.....	04/13/2021.....					0.....	0.....	0.0.....	0.....	0.....	122.....	0.0.....	0.....
YES.....	CNH1C-MS-AA-G-NC.....	0.....	NO.....	0234060.....	04/13/2021.....					0.....	0.....	0.0.....	0.....	348,289.....	298,881.....	85.8.....	221.....
YES.....	CNH1C-MS-AA-G-NC.....	0.....	NO.....	0234060.....	04/13/2021.....					0.....	0.....	0.0.....	0.....	600,273.....	453,682.....	75.6.....	902.....
YES.....	CNH1C-MS-AA-G-NC.....	0.....	NO.....	0234060.....	04/13/2021.....					0.....	0.....	0.0.....	0.....	0.....	189.....	0.0.....	0.....
YES.....	CNH1C-MS-AA-N-NC.....	0.....	NO.....	0234060.....	04/13/2021.....					0.....	0.....	0.0.....	0.....	98,252.....	64,564.....	65.7.....	86.....
YES.....	CNH1C-MS-AA-N-NC.....	0.....	NO.....	0234060.....	04/13/2021.....					0.....	0.....	0.0.....	0.....	163,198.....	124,150.....	76.1.....	287.....
YES.....	CNH1C-MS-AA-N-NC.....	0.....	NO.....	0234060.....	04/13/2021.....					0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										184,650	131,104	71.0	43	1,673,640	1,340,251	80.1	1,919
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	



SUPPLEMENT FOR THE YEAR 2022 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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
YES.....	3MF (ND)	F.....	NO.....	0034000	11/25/2003 ..			05/31/2010 ..	MEDICARE SUPPLEMENT	4,753	1,011	21.3	1	0	0	0.0	0
YES.....	3MF (ND)	F.....	NO.....	0034000	11/25/2003 ..			05/31/2010 ..	MEDICARE SUPPLEMENT	9,234	3,945	42.7	2	0	0	0.0	0
YES.....	3MF (ND)	F.....	NO.....	0034000	11/25/2003 ..			05/31/2010 ..	MEDICARE SUPPLEMENT	4,974	2,305	46.3	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										18,961	7,261	38.3	4	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3ME (OH)	E.....	NO.....	0034000	08/08/2005	07/24/2009			MEDICARE SUPPLEMENT	5,379	583	10.8	1	0	0	0.0	0
YES.....	3MG (OH)	G.....	NO.....	0034000	12/12/2003	07/24/2009			MEDICARE SUPPLEMENT	10,692	1,988	18.6	2	0	0	0.0	0
YES.....	3MG (OH)	G.....	NO.....	0034000	12/12/2003	07/24/2009			MEDICARE SUPPLEMENT	5,468	617	11.3	1	0	0	0.0	0
YES.....	3MI (OH)	I.....	NO.....	0034000	05/01/2006	07/24/2009			MEDICARE SUPPLEMENT	9,391	5,391	57.4	2	0	0	0.0	0
YES.....	3MJ (OH)	J.....	NO.....	0034000	02/01/2007	07/24/2009			MEDICARE SUPPLEMENT	5,398	733	13.6	1	0	0	0.0	0
YES.....	CNHIC-MS-AA-A-OH	0.....	NO.....	0234000	05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-F-OH	0.....	NO.....	0234000	05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	23,437	17,717	75.6	64
YES.....	CNHIC-MS-AA-F-OH	0.....	NO.....	0234000	05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
	CNHIC-MS-AA-G-OH	0.....	NO.....	0234000	05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES.....	CNHIC-MS-AA-G-OH	0.....	NO.....	0234000	05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	31,564	23,265	73.7	107
	CNHIC-MS-AA-G-OH	0.....	NO.....	0234000	05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	225	0.0	0
YES.....	CNHIC-MS-AA-HDG-OH	0.....	NO.....	0234000	05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	857	297	34.6	6
	CNHIC-MS-AA-HDG-OH	0.....	NO.....	0234000	05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES.....	CNHIC-MS-AA-N-OH	0.....	NO.....	0234000	05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	27,163	22,936	84.4	126
	CNHIC-MS-AA-N-OH	0.....	NO.....	0234000	05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										36,329	9,311	25.6	7	83,021	64,440	77.6	303
										0	0	0.0	0			0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	

360.OH



SUPPLEMENT FOR THE YEAR 2022 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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	3ME (OK)	E.....	NO.....	0034000	11/14/2005	07/25/2009			MEDICARE SUPPLEMENT	3,983	378	9.5	1	0	0	0.0	0
YES.....	3MG (OK)	G.....	NO.....	0034000	03/01/2004	07/25/2009			MEDICARE SUPPLEMENT	7,255	3,373	46.5	1	0	0	0.0	0
YES.....	3MJ (OK)	J.....	NO.....	0034000	02/05/2007	07/25/2009			MEDICARE SUPPLEMENT	4,516	1,996	44.2	1	0	0	0.0	0
.....	CNHIC-MS-AA-A-OK								Modernized Medicare Supplement Insurance Plan								
YES.....	CNHIC-MS-AA-F-OK	0.....	NO.....	0234060	01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	760	1,123	147.8	1
.....	CNHIC-MS-AA-F-OK	0.....	NO.....	0234060	01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	20,506	13,242	64.6	35
YES.....	CNHIC-MS-AA-F-OK	0.....	NO.....	0234060	01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
.....	CNHIC-MS-AA-G-OK	0.....	NO.....	0234060	01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	57,753	40,735	70.5	114
YES.....	CNHIC-MS-AA-G-OK	0.....	NO.....	0234060	01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
.....	CNHIC-MS-AA-HDG- OK	0.....	NO.....	0234060	01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	346	41	11.9	1
YES.....	CNHIC-MS-AA-HDG- OK	0.....	NO.....	0234060	01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
.....	CNHIC-MS-AA-N-OK	0.....	NO.....	0234060	01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	10,798	8,029	74.4	26
YES.....	CNHIC-MS-AA-N-OK	0.....	NO.....	0234060	01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										15,753	5,748	36.5	3	90,163	63,170	70.1	177
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

360.0K



SUPPLEMENT FOR THE YEAR 2022 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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
												0.0				0.0	
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	3MD (PA)	D.....	NO.....	0234060	05/12/2004	07/26/2009			MED I CARE SUPPLEMENT	4,311	3,733	86.6	1	0	0	0.0	0
YES.....	3MD (PA)	D.....	NO.....	0234060	05/12/2004	07/26/2009			MED I CARE SUPPLEMENT	5,031	43	0.9	1	0	0	0.0	0
YES.....	3MD (PA)	D.....	NO.....	0234060	05/12/2004	07/26/2009			MED I CARE SUPPLEMENT	5,010	2,948	58.9	1	0	0	0.0	0
YES.....	3MD (PA)	D.....	NO.....	0234060	05/12/2004	07/26/2009			MED I CARE SUPPLEMENT	7,918	5,320	67.2	2	0	0	0.0	0
YES.....	3MF (PA)	F.....	NO.....	0234060	05/12/2004			05/31/2010	MED I CARE SUPPLEMENT	21,469	1,698	7.9	3	0	0	0.0	0
YES.....	3MF (PA)	F.....	NO.....	0234060	05/12/2004			05/31/2010	MED I CARE SUPPLEMENT	4,706	394	8.4	1	0	0	0.0	0
YES.....	3MG (PA)	G.....	NO.....	0234060	05/12/2004	07/26/2009			MED I CARE SUPPLEMENT	(15)	1,811	(11,792.2)	0	0	0	0.0	0
YES.....	3MG (PA)	G.....	NO.....	0234060	05/12/2004	07/26/2009			MED I CARE SUPPLEMENT	22,647	13,529	59.7	4	0	0	0.0	0
YES.....	3MG (PA)	G.....	NO.....	0234060	05/12/2004	07/26/2009			MED I CARE SUPPLEMENT	26,719	7,390	27.7	5	0	0	0.0	0
YES.....	3MG (PA)	G.....	NO.....	0234060	05/12/2004	07/26/2009			MED I CARE SUPPLEMENT	13	(216)	(1,676.5)	0	0	0	0.0	0
YES.....	CNHIC-MS-AA-A-PA	A.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES.....	CNHIC-MS-AA-B-PA	B.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	7,370	6,335	86.0	4
YES.....	CNHIC-MS-AA-B-PA	B.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES.....	CNHIC-MS-AA-F-PA	F.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	150,207	140,012	93.2	55
YES.....	CNHIC-MS-AA-F-PA	F.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	813,471	654,675	80.5	306
YES.....	CNHIC-MS-AA-F-PA	F.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	426,989	341,803	80.0	306
YES.....	CNHIC-MS-AA-F-PA	F.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES.....	CNHIC-MS-AA-G-PA	G.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	995,576	849,735	85.4	519
YES.....	CNHIC-MS-AA-G-PA	G.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	3,773,852	2,891,644	76.6	2,024
YES.....	CNHIC-MS-AA-G-PA	G.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	1,834,109	1,384,592	75.5	2,024
YES.....	CNHIC-MS-AA-G-PA	G.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	130	0	0.0	0
YES.....	CNHIC-MS-AA-N-PA	N.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	425,128	282,139	66.4	290
YES.....	CNHIC-MS-AA-N-PA	N.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	1,577,529	1,099,855	69.7	1,143
YES.....	CNHIC-MS-AA-N-PA	N.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	817,984	620,313	75.8	1,080
YES.....	CNHIC-MS-AA-N-PA	N.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	0	99	0.0	0
YES.....	CNHIC-MS-OA-A-PA	A.....	NO.....	0234060	06/03/2020				MED I CARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0

360.PA



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	CNHIC-MS-OA-B-PA	B.....	NO.....	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES.....	CNHIC-MS-OA-F-PA	F.....	NO.....	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	17,807	5,607	31.5	9
YES.....	CNHIC-MS-OA-F-PA	F.....	NO.....	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	16,572	10,999	66.4	9
YES.....	CNHIC-MS-OA-F-PA	F.....	NO.....	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES.....	CNHIC-MS-OA-G-PA	G.....	NO.....	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	17,393	7,946	45.7	11
YES.....	CNHIC-MS-OA-G-PA	G.....	NO.....	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	78,060	80,980	103.7	71
YES.....	CNHIC-MS-OA-G-PA	G.....	NO.....	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES.....	CNHIC-MS-OA-N-PA	N.....	NO.....	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	11,205	6,513	58.1	10
YES.....	CNHIC-MS-OA-N-PA	N.....	NO.....	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	35,373	26,815	75.8	43
YES.....	CNHIC-MS-OA-N-PA	N.....	NO.....	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										97,808	36,649	37.5	18	10,998,754	8,410,061	76.5	7,904
										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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0				0.0		
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi.....
Title Appointed Actuary..... Telephone Number 330-241-1245.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
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	Incurred Claims		Number of Covered Lives	Premiums Earned	Incurred Claims		Number of Covered Lives
											12	13			16	17	
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
YES	3MF	F	NO	0034000	10/09/2003			05/31/2010	MEDICARE SUPPLEMENT	496	(329)	(66.4)	0	0	0	0.0	0
YES	3MG	G	NO	0034000	10/09/2003	07/25/2009			MEDICARE SUPPLEMENT	4,584	331	7.2	1	0	0	0.0	0
YES	3MG	G	NO	0034000	10/09/2003	07/25/2009			MEDICARE SUPPLEMENT	1,773	4,803	270.8	0	0	0	0.0	0
YES	3MI	I	NO	0034000	05/18/2006	07/25/2009			MEDICARE SUPPLEMENT	16,582	7,841	47.3	4	0	0	0.0	0
YES	3MI	I	NO	0034000	05/18/2006	07/25/2009			MEDICARE SUPPLEMENT	4,145	1,189	28.7	1	0	0	0.0	0
YES	3MJ	J	NO	0034000	02/23/2007	07/25/2009			MEDICARE SUPPLEMENT	27,051	12,031	44.5	5	0	0	0.0	0
YES	3MJ	J	NO	0034000	02/23/2007	07/25/2009			MEDICARE SUPPLEMENT	32,882	28,503	86.7	7	0	0	0.0	0
YES	CNH1C-MS-AA-A-SC	A	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNH1C-MS-AA-F-SC	F	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	48,134	51,516	107.0	22
YES	CNH1C-MS-AA-F-SC	F	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	316,917	258,898	81.7	142
YES	CNH1C-MS-AA-F-SC	F	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	171,943	153,535	89.3	120
YES	CNH1C-MS-AA-F-SC	F	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNH1C-MS-AA-G-SC	G	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	358,071	320,957	89.6	231
YES	CNH1C-MS-AA-G-SC	G	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	1,059,853	942,333	88.9	670
YES	CNH1C-MS-AA-G-SC	G	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	578,809	443,482	76.6	676
YES	CNH1C-MS-AA-G-SC	G	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0		0.0	0
YES	CNH1C-MS-AA-N-SC	N	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	37,261	19,248	51.7	30
YES	CNH1C-MS-AA-N-SC	N	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	123,612	134,951	109.2	101
YES	CNH1C-MS-AA-N-SC	N	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	95,887	71,962	75.0	148
YES	CNH1C-MS-AA-N-SC	N	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										87,513	54,368	62.1	18	2,790,486	2,396,882	85.9	2,140
																0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	

360.SC



SUPPLEMENT FOR THE YEAR 2022 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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	3MF.....	F.....	NO.....	0034060	11/19/2003			..05/31/2010 ..	MEDICARE SUPPLEMENT	2,719	(154)	(5.7)	..0	..0	..0	..0.0	..0
YES.....	3MF.....	F.....	NO.....	0034060	11/19/2003			..05/31/2010 ..	MEDICARE SUPPLEMENT	5,151	3,773	73.2	..1	..0	..0	..0.0	..0
YES.....	CNHIC-MS-AA-F-SD	0.....	NO.....	0234060	03/17/2021					..0	..0	..0.0	..0	..9,506	..3,680	..38.7	..3
YES.....	CNHIC-MS-AA-F-SD	0.....	NO.....	0234060	03/17/2021					..0	..0	..0.0	..0	..37,107	..26,671	..71.9	..27
YES.....	CNHIC-MS-AA-F-SD	0.....	NO.....	0234060	03/17/2021					..0	..0	..0.0	..0	..0	..154	..0.0	..0
YES.....	CNHIC-MS-AA-G-SD	0.....	NO.....	0234060	03/17/2021					..0	..0	..0.0	..0	..47,389	..28,082	..59.3	..31
YES.....	CNHIC-MS-AA-G-SD	0.....	NO.....	0234060	03/17/2021					..0	..0	..0.0	..0	..32,105	..25,268	..78.7	..36
YES.....	CNHIC-MS-AA-G-SD	0.....	NO.....	0234060	03/17/2021					..0	..0	..0.0	..0	..0	..0	..0.0	..0
YES.....	CNHIC-MS-AA-N-SD	0.....	NO.....	0234060	03/17/2021					..0	..0	..0.0	..0	..8,384	..4,583	..54.7	..8
YES.....	CNHIC-MS-AA-N-SD	0.....	NO.....	0234060	03/17/2021					..0	..0	..0.0	..0	..16,078	..11,371	..70.7	..26
YES.....	CNHIC-MS-AA-N-SD	0.....	NO.....	0234060	03/17/2021					..0	..0	..0.0	..0	..0	..0	..0.0	..0
0199999. Total Experience on Individual Policies										7,870	3,619	46.0	1	150,569	99,808	66.3	131
												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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3MF(TN).....	F.....	NO.....	0034000.....	12/02/2003.....			..05/31/2010 ..	MEDICARE SUPPLEMENT.....	4,777.....	404.....	8.5.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MF(TN).....	F.....	NO.....	0034000.....	12/02/2003.....			..05/31/2010 ..	MEDICARE SUPPLEMENT.....	8,624.....	5,013.....	58.1.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MF(TN).....	F.....	NO.....	0034000.....	12/02/2003.....			..05/31/2010 ..	MEDICARE SUPPLEMENT.....	17,288.....	2,613.....	15.1.....	3.....	0.....	0.....	0.0.....	0.....
YES.....	3MG(TN).....	G.....	NO.....	0034000.....	12/02/2003.....	..07/26/2009 ..			MEDICARE SUPPLEMENT.....	5,309.....	7,630.....	143.7.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MG(TN).....	G.....	NO.....	0034000.....	12/02/2003.....	..07/26/2009 ..			MEDICARE SUPPLEMENT.....	23,266.....	4,386.....	18.9.....	5.....	0.....	0.....	0.0.....	0.....
YES.....	3MG(TN).....	G.....	NO.....	0034000.....	12/02/2003.....	..07/26/2009 ..			MEDICARE SUPPLEMENT.....	6,696.....	9,454.....	141.2.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	CNHIC-MS-AA-A-TN.....	0.....	NO.....	0234060.....	..04/30/2021 ..					0.....		0.0.....	0.....	1,317.....	8.....	0.6.....	1.....
YES.....	CNHIC-MS-AA-A-TN.....	0.....	NO.....	0234060.....	..04/30/2021 ..					0.....		0.0.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	CNHIC-MS-AA-F-TN.....	0.....	NO.....	0234060.....	..04/30/2021 ..					0.....		0.0.....	0.....	120,660.....	163,775.....	135.7.....	56.....
YES.....	CNHIC-MS-AA-F-TN.....	0.....	NO.....	0234060.....	..04/30/2021 ..					0.....		0.0.....	0.....	209,532.....	169,086.....	80.7.....	248.....
YES.....	CNHIC-MS-AA-F-TN.....	0.....	NO.....	0234060.....	..04/30/2021 ..					0.....		0.0.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	CNHIC-MS-AA-G-TN.....	0.....	NO.....	0234060.....	..04/30/2021 ..					0.....		0.0.....	0.....	357,864.....	365,704.....	102.2.....	245.....
YES.....	CNHIC-MS-AA-G-TN.....	0.....	NO.....	0234060.....	..04/30/2021 ..					0.....		0.0.....	0.....	764,838.....	601,311.....	78.6.....	1,107.....
YES.....	CNHIC-MS-AA-G-TN.....	0.....	NO.....	0234060.....	..04/30/2021 ..					0.....		0.0.....	0.....	104.....	0.....	0.0.....	0.....
YES.....	CNHIC-MS-AA-N-TN.....	0.....	NO.....	0234060.....	..04/30/2021 ..					0.....		0.0.....	0.....	155,973.....	133,939.....	85.9.....	143.....
YES.....	CNHIC-MS-AA-N-TN.....	0.....	NO.....	0234060.....	..04/30/2021 ..					0.....		0.0.....	0.....	306,540.....	251,555.....	82.1.....	560.....
YES.....	CNHIC-MS-AA-N-TN.....	0.....	NO.....	0234060.....	..04/30/2021 ..					0.....		0.0.....	0.....	73.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										65,959	29,500	44.7	12	1,916,900	1,685,377	87.9	2,360
										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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3MC(TX).....	C.....	NO.....	0034000.....	12/11/2003.....	07/31/2009.....			MEDICARE SUPPLEMENT.....	0.....	16.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	3MD(TX).....	D.....	NO.....	0034000.....	12/11/2003.....	07/31/2009.....			MEDICARE SUPPLEMENT.....	4,646.....	95.....	2.0.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MD(TX).....	D.....	NO.....	0034000.....	12/11/2003.....	07/31/2009.....			MEDICARE SUPPLEMENT.....	4,870.....	1,032.....	21.2.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MD(TX).....	D.....	NO.....	0034000.....	12/11/2003.....	07/31/2009.....			MEDICARE SUPPLEMENT.....	2,612.....	871.....	33.4.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3ME(TX).....	E.....	NO.....	0034000.....	12/30/2005.....	07/31/2009.....			MEDICARE SUPPLEMENT.....	3,002.....	4,375.....	145.7.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	3ME(TX).....	E.....	NO.....	0034000.....	12/30/2005.....	07/31/2009.....			MEDICARE SUPPLEMENT.....	20,206.....	14,840.....	73.4.....	4.....	0.....	0.....	0.0.....	0.....
YES.....	3MF(TX).....	F.....	NO.....	0034000.....	12/11/2003.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	57,235.....	29,710.....	51.9.....	6.....	0.....	0.....	0.0.....	0.....
YES.....	3MF(TX).....	F.....	NO.....	0034000.....	12/11/2003.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	67,575.....	13,038.....	19.3.....	8.....	0.....	0.....	0.0.....	0.....
YES.....	3MF(TX).....	F.....	NO.....	0034000.....	12/11/2003.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	6,660.....	2,405.....	36.1.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MG(TX).....	G.....	NO.....	0034000.....	12/11/2003.....	07/31/2009.....			MEDICARE SUPPLEMENT.....	5,777.....	(217).....	(3.7).....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MG(TX).....	G.....	NO.....	0034000.....	12/11/2003.....	07/31/2009.....			MEDICARE SUPPLEMENT.....	12,398.....	3,256.....	26.3.....	2.....	0.....	0.....	0.0.....	0.....
YES.....	3MG(TX).....	G.....		0034000.....	12/11/2003.....	07/31/2009.....			MEDICARE SUPPLEMENT.....	4,758.....	1,692.....	35.6.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MI(TX).....	I.....		0034000.....	06/15/2006.....	07/31/2009.....			MEDICARE SUPPLEMENT.....	5,568.....	66.....	1.2.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	3MJ(TX).....	J.....		0034000.....	02/21/2007.....	07/31/2009.....			MEDICARE SUPPLEMENT.....	19,883.....	3,400.....	17.1.....	4.....	0.....	0.....	0.0.....	0.....
YES.....	3MJ(TX).....	J.....		0034000.....	02/21/2007.....	07/31/2009.....			MEDICARE SUPPLEMENT.....	9,076.....	5,199.....	57.3.....	2.....	0.....	0.....	0.0.....	0.....
	CNHIC-MS-AA-A-TX.....	0.....		0234060.....	03/22/2022.....				Modernized Medicare Supplement Insurance Plan.....	0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....
	CNHIC-MS-AA-F-TX.....	0.....		0234060.....	03/22/2022.....				Modernized Medicare Supplement Insurance Plan.....	0.....	0.....	0.0.....	0.....	146,860.....	99,022.....	67.4.....	248.....
	CNHIC-MS-AA-F-TX.....	0.....		0234060.....	03/22/2022.....				Modernized Medicare Supplement Insurance Plan.....	0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	CNHIC-MS-AA-F-TX.....	0.....		0234060.....	03/22/2022.....				Modernized Medicare Supplement Insurance Plan.....	0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....
	CNHIC-MS-AA-G-TX.....	0.....	NO.....	0234060.....	03/22/2022.....				Modernized Medicare Supplement Insurance Plan.....	0.....	0.....	0.0.....	0.....	380,368.....	287,144.....	75.5.....	859.....
	CNHIC-MS-AA-G-TX.....	0.....	NO.....	0234060.....	03/22/2022.....				Modernized Medicare Supplement Insurance Plan.....	0.....	0.....	0.0.....	0.....	0.....	97.....	0.0.....	0.....
YES.....	CNHIC-MS-AA-HDG-TX.....	0.....	NO.....	0234060.....	03/22/2022.....				Modernized Medicare Supplement Insurance Plan.....	0.....	0.....	0.0.....	0.....	2,832.....	4,016.....	141.8.....	13.....
	CNHIC-MS-AA-HDG-TX.....	0.....	NO.....	0234060.....	03/22/2022.....				Modernized Medicare Supplement Insurance Plan.....	0.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	CNHIC-MS-AA-N-TX.....	0.....	NO.....	0234060.....	03/22/2022.....				Modernized Medicare Supplement Insurance Plan.....	0.....	0.....	0.0.....	0.....	80,377.....	60,145.....	74.8.....	245.....
	CNHIC-MS-AA-N-TX.....	0.....	NO.....	0234060.....	03/22/2022.....				Modernized Medicare Supplement Insurance Plan.....	0.....	0.....	0.0.....	0.....	0.....	204.....	0.0.....	0.....
0199999. Total Experience on Individual Policies.....										224,267.....	79,780.....	35.6.....	33.....	610,437.....	450,628.....	73.8.....	1,365.....
												0.0.....				0.0.....	

360.TX



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										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
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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	CNH1C-MS-AA-A-UT	0.....	NO.....	0234060	02/11/2021					0	0	0.0	0	0	0	0.0	0
YES.....	CNH1C-MS-AA-F-UT	0.....	NO.....	0234060	02/11/2021					0	0	0.0	0	67,103	64,911	96.7	33
YES.....	CNH1C-MS-AA-F-UT	0.....	NO.....	0234060	02/11/2021					0	0	0.0	0	80,567	95,615	118.7	84
YES.....	CNH1C-MS-AA-F-UT	0.....	NO.....	0234060	02/11/2021					0	0	0.0	0	0	0	0.0	0
YES.....	CNH1C-MS-AA-G-UT	0.....	NO.....	0234060	02/11/2021					0	0	0.0	0	215,389	210,260	97.6	149
YES.....	CNH1C-MS-AA-G-UT	0.....	NO.....	0234060	02/11/2021					0	0	0.0	0	300,987	351,483	116.8	414
YES.....	CNH1C-MS-AA-G-UT	0.....	NO.....	0234060	02/11/2021					0	0	0.0	0	131	0	0.0	0
YES.....	CNH1C-MS-AA-N-UT	0.....	NO.....	0234060	02/11/2021					0	0	0.0	0	140,766	91,635	65.1	128
YES.....	CNH1C-MS-AA-N-UT	0.....	NO.....	0234060	02/11/2021					0	0	0.0	0	130,702	107,006	81.9	233
YES.....	CNH1C-MS-AA-N-UT	0.....	NO.....	0234060	02/11/2021					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	935,645	920,909	98.4	1,041
												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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

2.2 Contact Person and Phone Number: David Brosig 180-088-0882-4
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

3.2 Contact Person and Phone Number: David Brosig 180-088-0882-4
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 2019				Policies Issued in 2020; 2021; 2022			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
												0.0				0.0	
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi.....
Title Appointed Actuary..... Telephone Number 330-241-1245.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3MD (VA)	D.....	NO.....	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	5,271	288	5.5	1	0	0	0.0	0
YES.....	3MD (VA)	D.....	NO.....	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	9,426	16,889	179.2	2	0	0	0.0	0
YES.....	3MD (VA)	D.....	NO.....	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	1,643	13,315	810.4	0	0	0	0.0	0
YES.....	3MF (VA)	F.....	NO.....	0034000	08/05/2004			05/31/2010	MEDICARE SUPPLEMENT	18,008	20,053	111.4	3	0	0	0.0	0
YES.....	3MF (VA)	F.....	NO.....	0034000	08/05/2004			05/31/2010	MEDICARE SUPPLEMENT	85,130	82,755	97.2	14	0	0	0.0	0
YES.....	3MF (VA)	F.....	NO.....	0034000	08/05/2004			05/31/2010	MEDICARE SUPPLEMENT	57,374	21,916	38.2	11	0	0	0.0	0
YES.....	3MG (VA)	G.....	NO.....	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	23,795	18,501	77.8	5	0	0	0.0	0
YES.....	3MG (VA)	G.....	NO.....	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	19,875	6,749	34.0	5	0	0	0.0	0
YES.....	3MG (VA)	G.....	NO.....	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	11	(287)	(2,609.1)	0	0	0	0.0	0
YES.....	3MH (VA)	H.....	NO.....	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	5,580	374	6.7	1	0	0	0.0	0
YES.....	3MH (VA)	H.....	NO.....	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	38,817	24,893	64.1	10	0	0	0.0	0
YES.....	3MH (VA)	H.....	NO.....	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	18,445	7,871	42.7	5	0	0	0.0	0
YES.....	3MI (VA)	I.....	NO.....	0034000	11/07/2006	07/26/2009			MEDICARE SUPPLEMENT	43,247	40,972	94.7	9	0	0	0.0	0
YES.....	3MI (VA)	I.....	NO.....	0034000	11/07/2006	07/26/2009			MEDICARE SUPPLEMENT	41,860	14,396	34.4	9	0	0	0.0	0
YES.....	3MI (VA)	I.....	NO.....	0034000	11/07/2006	07/26/2009			MEDICARE SUPPLEMENT	4,131	79	1.9	1	0	0	0.0	0
YES.....	3MJ (VA)	J.....	NO.....	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	141,168	120,548	85.4	28	0	0	0.0	0
YES.....	3MJ (VA)	J.....	NO.....	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	150,341	113,005	75.2	32	0	0	0.0	0
YES.....	3MJ (VA)	J.....	NO.....	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	13,174	16,065	121.9	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										677,296	518,382	76.5	139	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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0.0	0	
											0.0			0.0		0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0.0	0	

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi.....
Title Appointed Actuary..... Telephone Number 330-241-1245.....

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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	3ME	E.....	NO.....	0034000	12/01/2005	07/26/2009			MEDICARE SUPPLEMENT	2,331	1,741	74.7	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,331	1,741	74.7	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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	CNHIC-MS-BASIC-WI	0.....	NO.....	0234060	03/10/2022				Modernized Medicare Supplement Insurance Plan	0.....	0.....	0.0	0.....	196,621	128,199	65.2	547
YES.....	CNHIC-MS-BASIC-WI	0.....	NO.....	0234060	03/10/2022				Modernized Medicare Supplement Insurance Plan	0.....	0.....	0.0	0.....	229	0.....	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	196,850	128,199	65.1	547
												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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

2.2 Contact Person and Phone Number: David Brosig 180-088-0882-4
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

3.2 Contact Person and Phone Number: David Brosig 180-088-0882-4
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
YES.....	3MF(WY)	F.....	NO.....	0034000	12/05/2003 ..			05/31/2010 ..	MEDICARE SUPPLEMENT	5,936	763	12.9	1	0	0	0.0	0
YES.....	3MF(WY)	F.....	NO.....	0034000	12/05/2003 ..			05/31/2010 ..	MEDICARE SUPPLEMENT	12,818	6,616	51.6	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										18,754	7,379	39.3	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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758

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 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0				0.0		
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0				0.0		
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address:

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

3.1 Address:

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 2019				Policies Issued in 2020; 2021; 2022			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
												0.0				0.0	
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
												0.0				0.0	
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0			0.0			
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(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 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 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
											0.0				0.0		
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0
											0.0				0.0		
0299999. Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Cigna National Health Insurance Company

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2022
(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 2018	2 2019	3 2020	4 2021	5 2022(a)
1. Prior	0	0	0	189	210
2. 2018	15	15	15	15	15
3. 2019	XXX	15	15	15	15
4. 2020	XXX	XXX	8	9	9
5. 2021	XXX	XXX	XXX	7	7
6. 2022	XXX	XXX	XXX	XXX	14

Section B - Other Accident and Health

1. Prior	251	251	255	58,076	60,399
2. 2018	1,740	1,955	1,926	1,926	1,926
3. 2019	XXX	1,470	1,580	1,577	1,577
4. 2020	XXX	XXX	1,467	1,720	1,720
5. 2021	XXX	XXX	XXX	8,578	10,079
6. 2022	XXX	XXX	XXX	XXX	27,315

Section C - Credit Accident and Health

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	X			
5. 2021	XXX	XX	XXX		
6. 2022	XXX	XX	XXX	XXX	

Section D -

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	X			
5. 2021	XXX	XX	XXX		
6. 2022	XXX	XX	XXX	XXX	

Section E -

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	X			
5. 2021	XXX	XX	XXX		
6. 2022	XXX	XX	XXX	XXX	

Section F -

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	X			
5. 2021	XXX	XX	XXX		
6. 2022	XXX	XX	XXX	XXX	

Section G -

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XXX	X			
5. 2021	XXX	XX	XXX		
6. 2022	XXX	XX	XXX	XXX	

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

SUPPLEMENT FOR THE YEAR 2022 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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	NONE				
2. 2018					
3. 2019					
4. 2020					
5. 2021					
6. 2022					

Section B - Other Accident and Health

1. Prior	0	0	0	0	
2. 2018	1	0			
3. 2019	XXX	3			
4. 2020	XXX	XXX	2		
5. 2021	XXX	XXX	XXX	2	
6. 2022	XXX	XXX	XXX	XXX	10

Section C - Credit Accident and Health

1. Prior	NONE				
2. 2018					
3. 2019					
4. 2020					
5. 2021					
6. 2022					

Section D -

1. Prior	NONE				
2. 2018					
3. 2019					
4. 2020					
5. 2021					
6. 2022					

Section E -

1. Prior	NONE				
2. 2018					
3. 2019					
4. 2020					
5. 2021					
6. 2022					

Section F -

1. Prior	NONE				
2. 2018					
3. 2019					
4. 2020					
5. 2021					
6. 2022					

Section G -

1. Prior	NONE				
2. 2018					
3. 2019					
4. 2020					
5. 2021					
6. 2022					

SUPPLEMENT FOR THE YEAR 2022 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 2018	2 2019	3 2020	4 2021	5 2022
1. 2018	18	15	15	.XXX	.XXX
2. 2019	.XXX	17	15	15	.XXX
3. 2020	.XXX	.XXX	10	9	9
4. 2021	.XXX	.XXX	.XXX	9	7
5. 2022	.XXX	.XXX	.XXX	.XXX	16

Section B - Other Accident and Health

1. 2018	1,936	1,956	1,928	.XXX	.XXX
2. 2019	.XXX	1,630	1,582	1,578	.XXX
3. 2020	.XXX	.XXX	1,767	1,722	1,721
4. 2021	.XXX	.XXX	.XXX	10,279	10,082
5. 2022	.XXX	.XXX	.XXX	.XXX	31,855

Section C - Credit Accident and Health

1. 2018				.XXX	.XXX
2. 2019	.XXX				.XXX
3. 2020	.XXX				
4. 2021	.XXX	.XX	.XXX		
5. 2022	.XXX	.XX	.XXX	.XXX	

Section D -

1. 2018				.XXX	.XXX
2. 2019	.XXX				.XXX
3. 2020	.XXX				
4. 2021	.XX	.XX	.XXX		
5. 2022	.XXX	.XX	.XXX	.XXX	

Section E -

1. 2018				.XXX	.XXX
2. 2019	.XXX				.XXX
3. 2020	.XXX				
4. 2021	.XX	.XX	.XXX		
5. 2022	.XXX	.XX	.XXX	.XXX	

Section F -

1. 2018				.XXX	.XXX
2. 2019	.XXX				.XXX
3. 2020	.XXX				
4. 2021	.XX	.XX	.XXX		
5. 2022	.XXX	.XX	.XXX	.XXX	

Section G -

1. 2018				.XXX	.XXX
2. 2019	.XXX				.XXX
3. 2020	.XXX				
4. 2021	.XX	.XX	.XXX		
5. 2022	.XXX	.XX	.XXX	.XXX	

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. 2018	18	15	15	15	15
2. 2019	XXX	17	15	15	15
3. 2020	XXX	XXX	10	9	9
4. 2021	XXX	XXX	XXX	9	7
5. 2022	XXX	XXX	XXX	XXX	16

Section B - Other Accident and Health

1. 2018	1,937	1,956	1,928	1,927	1,926
2. 2019	XXX	1,633	1,582	1,578	1,578
3. 2020	XXX	XXX	1,769	1,722	1,721
4. 2021	XXX	XXX	XXX	10,281	10,082
5. 2022	XXX	XXX	XXX	XXX	31,865

Section C - Credit Accident and Health

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XXX				
5. 2022	XXX	XX	XXX	XXX	

Section D -

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XXX				
5. 2022	XXX	XX	XXX	XXX	

Section E -

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XXX				
5. 2022	XXX	XX	XXX	XXX	

Section F -

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XXX				
5. 2022	XXX	XX	XXX	XXX	

Section G -

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XXX				
5. 2022	XXX	XX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business		1 Methodology	2 Amount
1. Industrial Life		None	
2. Ordinary Life		None	
3. Individual Annuity		None	
4. Supplementary Contracts		None	
5. Credit Life		None	
6. Group Life		None	
7. Group Annuities		None	
8. Group Accident and Health		Development	1
9. Credit Accident and Health		None	
10. Other Accident and Health		Development	4,545
11. Total			4,546

Health Care Receivables Supplement - Heading Information

N O N E

Health Care Receivables Supplement - Exhibit 3 - Health Care Receivables

N O N E

Health Care Receivables Supplement - Exhibit 3A - Health Care Receivables Collected and Accrued

N O N E