





ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Alabama

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

**DIRECT BUSINESS IN THE STATE OF Alaska**

**DURING THE YEAR 2022**

NAIC Group Code 0901

NAIC Company Code 65269

## **LIFE INSURANCE**

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

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

(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 \$ ....., current year \$ .....

## ACCIDENT AND HEALTH INSURANCE

| ACCIDENT AND HEALTH INSURANCE                                 |                      |                                |  |                         |                                |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
|   | 1<br>Direct Premiums | 2<br>Direct Premiums<br>Earned | 3<br>Policyholder Dividends<br>Paid, Refunds to<br>Members or Credited<br>on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses<br>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) .....                 |                      |                                |  |                         |                                |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)      |                      |                                |  |                         |                                |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Arizona

**DURING THE YEAR 2022**

NAIC Group Code 0901

NAIC Company Code 65269

## **LIFE INSURANCE**

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

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

(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<br>Direct Premiums | 2<br>Direct Premiums<br>Earned | 3<br>Policyholder Dividends<br>Paid, Refunds to<br>Members or Credited<br>on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses<br>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<br>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) .....   |                      |                                |  |                         |                                |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)                                |                      |                                |  |                         |                                |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

**DIRECT BUSINESS IN THE STATE OF Arkansas**

**DURING THE YEAR 2022**

NAIC Group Code 0901

NAIC Company Code 65269

## LIFE INSURANCE

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

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

(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 \$ .....

....., current year \$ ....., current year \$

## ACCIDENT AND HEALTH INSURANCE

| ACCIDENT AND HEALTH INSURANCE   |                      |                                |  |                         |                                |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
|   | 1<br>Direct Premiums | 2<br>Direct Premiums<br>Earned | 3<br>Policyholder Dividends<br>Paid, Refunds to<br>Members or Credited<br>on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses<br>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<br>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) .....   |                      |                                |  |                         |                                |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)                                |                      |                                |  |                         |                                |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF California  
NAIC Group Code 0901

DURING THE YEAR 2022  
NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Colorado

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Connecticut

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF **Delaware**

**DURING THE YEAR 2022**

NAIC Group Code 0901

NAIC Company Code 65269

## **LIFE INSURANCE**

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

| DIRECT DEATH<br>BENEFITS AND<br>MATURED<br>ENDOWMENTS<br>INCURRED | Ordinary                           |             | Credit Life<br>(Group and Individual)         |             | Group                   |             | Industrial                         |             | Total                              |              |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
|   | 1<br>No. of<br>Pols. &<br>Certifs. | 2<br>Amount | 3<br>No. of<br>Ind.Pols.<br>& Gr.<br>Certifs. | 4<br>Amount | 5<br>No. of<br>Certifs. | 6<br>Amount | 7<br>No. of<br>Pols. &<br>Certifs. | 8<br>Amount | 9<br>No. of<br>Pols. &<br>Certifs. | 10<br>Amount |
| 16. Unpaid December 31, prior year .....                          |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 17. Incurred during current year<br>Settled during current year:  |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 18.1 By payment in full .....                                     |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 18.2 By payment on<br>compromised claims .....                    |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 18.3 Totals paid .....  |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 18.4 Reduction by compromise .....                                |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 18.5 Amount rejected .....  |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 18.6 Total settlements .....                                      |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 19. Unpaid Dec. 31, current<br>year (16+17-18.6) .....            |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| <b>NONE</b>   |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| <b>POLICY EXHIBIT</b>   |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 20. In force December 31, prior<br>year .....                     |                                    |             |   | (a) .....   |                         |             |                                    |             |                                    |              |
| 21. Issued during year .....                                      |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 22. Other changes to in force<br>(Net) .....                      |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 23. In force December 31 of<br>current year .....                 |                                    |             |   | (b) .....   |                         |             |                                    |             |                                    |              |

(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<br>Direct Premiums | 2<br>Direct Premiums<br>Earned | 3<br>Policyholder Dividends<br>Paid, Refunds to<br>Members or Credited<br>on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses<br>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) .....                 |                      |                                |  |                         |                                |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)      |                      |                                |  |                         |                                |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF District of Columbia

**DURING THE YEAR 2022**

NAIC Group Code 0901

NAIC Company Code 65269

## LIFE INSURANCE

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

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

(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 \$ .....

....., current year \$ ....., current year \$

## ACCIDENT AND HEALTH INSURANCE

| ACCIDENT AND HEALTH INSURANCE   |                      |                                |  |                         |                                |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
|   | 1<br>Direct Premiums | 2<br>Direct Premiums<br>Earned | 3<br>Policyholder Dividends<br>Paid, Refunds to<br>Members or Credited<br>on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses<br>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<br>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) .....   |                      |                                |  |                         |                                |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)                                |                      |                                |  |                         |                                |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

**DIRECT BUSINESS IN THE STATE OF Florida**

**DURING THE YEAR 2022**

NAIC Group Code 0901

NAIC Company Code 65269

## **LIFE INSURANCE**

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

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

(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 \$ ....., current year \$ .....

## ACCIDENT AND HEALTH INSURANCE

| ACCIDENT AND HEALTH INSURANCE   |                      |                                |  |                         |                                |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
|   | 1<br>Direct Premiums | 2<br>Direct Premiums<br>Earned | 3<br>Policyholder Dividends<br>Paid, Refunds to<br>Members or Credited<br>on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses<br>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<br>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) .....   |                      |                                |  |                         |                                |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)                                |                      |                                |  |                         |                                |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Georgia  
NAIC Group Code 0901

DURING THE YEAR 2022  
NAIC Company Code 65269

**LIFE INSURANCE**

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

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

(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<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>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 fee      |                      |                             |   |                         |                             |
| Other Individual Policies:                                    |                      |                             |   |                         |                             |
| 25.1 Non-cancellable (b) .....                                |                      |                             |   |                         |                             |
| 25.2 Guaranteed renewable (b) .....                           |                      |                             |   |                         |                             |
| 25.3 Non-renewable for stated reasons only (b) .....          |                      |                             |   |                         |                             |
| 25.4 Other accident only .....                                |                      |                             |   |                         |                             |
| 25.5 All other (b) .....                                      |                      |                             |   |                         |                             |
| 25.6 Totals (sum of Lines 25.1 to 25.5)                       |                      |                             |   |                         |                             |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)      |                      |                             |   |                         |                             |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Hawaii

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Idaho

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Illinois

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Kansas  
NAIC Group Code 0901

DURING THE YEAR 2022  
NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Louisiana  
NAIC Group Code 0901

DURING THE YEAR 2022  
NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Maine

**DURING THE YEAR 2022**

NAIC Group Code 0901

NAIC Company Code 65269

## LIFE INSURANCE

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

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

(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 \$ ....., current year \$ .....

## ACCIDENT AND HEALTH INSURANCE

| ACCIDENT AND HEALTH INSURANCE   |                      |                                |  |                         |                                |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
|   | 1<br>Direct Premiums | 2<br>Direct Premiums<br>Earned | 3<br>Policyholder Dividends<br>Paid, Refunds to<br>Members or Credited<br>on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses<br>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<br>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) .....   |                      |                                |  |                         |                                |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)                                |                      |                                |  |                         |                                |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Maryland  
NAIC Group Code 0901

DURING THE YEAR 2022  
NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Massachusetts

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Michigan

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Minnesota  
NAIC Group Code 0901

DURING THE YEAR 2022  
NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Mississippi  
NAIC Group Code 0901

DURING THE YEAR 2022  
NAIC Company Code 65269

**LIFE INSURANCE**

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

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

(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<br>Direct Premiums | 2<br>Direct Premiums<br>Earned | 3<br>Policyholder Dividends<br>Paid, Refunds to<br>Members or Credited<br>on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses<br>Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) .....   |                      |                                |  |                         |                                |
| 24.1 Federal Employees Health Benefits Plan<br>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 fee<br>Other Individual Policies: |                      |                                |  |                         |                                |
| 25.1 Non-cancellable (b) .....   |                      |                                |  |                         |                                |
| 25.2 Guaranteed renewable (b) .....  |                      |                                |  |                         |                                |
| 25.3 Non-renewable for stated reasons only (b) .....                                   |                      |                                |  |                         |                                |
| 25.4 Other accident only .....   |                      |                                |  |                         |                                |
| 25.5 All other (b) .....   |                      |                                |  |                         |                                |
| 25.6 Totals (sum of Lines 25.1 to 25.5)  |                      |                                |  |                         |                                |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)                               |                      |                                |  |                         |                                |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Missouri  
NAIC Group Code 0901

DURING THE YEAR 2022  
NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Montana

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Nebraska  
NAIC Group Code 0901

DURING THE YEAR 2022  
NAIC Company Code 65269

**LIFE INSURANCE**

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

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

(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<br>Direct Premiums | 2<br>Direct Premiums<br>Earned | 3<br>Policyholder Dividends<br>Paid, Refunds to<br>Members or Credited<br>on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses<br>Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) .....   |                      |                                |  |                         |                                |
| 24.1 Federal Employees Health Benefits Plan<br>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 fee<br>Other Individual Policies: |                      |                                |  |                         |                                |
| 25.1 Non-cancellable (b) .....   |                      |                                |  |                         |                                |
| 25.2 Guaranteed renewable (b) .....  |                      |                                |  |                         |                                |
| 25.3 Non-renewable for stated reasons only (b) .....                                   |                      |                                |  |                         |                                |
| 25.4 Other accident only .....   |                      |                                |  |                         |                                |
| 25.5 All other (b) .....   |                      |                                |  |                         |                                |
| 25.6 Totals (sum of Lines 25.1 to 25.5)  |                      |                                |  |                         |                                |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)                               |                      |                                |  |                         |                                |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Nevada

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF New Hampshire

**DURING THE YEAR 2022**

NAIC Group Code 0901

NAIC Company Code 65269

## LIFE INSURANCE

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

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

(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<br>Direct Premiums | 2<br>Direct Premiums<br>Earned | 3<br>Policyholder Dividends<br>Paid, Refunds to<br>Members or Credited<br>on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses<br>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<br>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) .....   |                      |                                |  |                         |                                |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)                                |                      |                                |  |                         |                                |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF New Jersey

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF New Mexico

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

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

DURING THE YEAR 2022  
NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF North Carolina

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF North Dakota

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Oklahoma  
NAIC Group Code 0901

DURING THE YEAR 2022  
NAIC Company Code 65269

**LIFE INSURANCE**

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

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

(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<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>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<br>Other Individual Policies: |                      |                             |   |                         |                             |
| 25.1 Non-cancellable (b) .....  |                      |                             |   |                         |                             |
| 25.2 Guaranteed renewable (b) .....   |                      |                             |   |                         |                             |
| 25.3 Non-renewable for stated reasons only (b) .....                                    |                      |                             |   |                         |                             |
| 25.4 Other accident only .....  |                      |                             |   |                         |                             |
| 25.5 All other (b) .....  |                      |                             |   |                         |                             |
| 25.6 Totals (sum of Lines 25.1 to 25.5)   |                      |                             |   |                         |                             |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)                                |                      |                             |   |                         |                             |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Oregon

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Pennsylvania

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

**DIRECT BUSINESS IN THE STATE OF Rhode Island**

**DURING THE YEAR 2022**

NAIC Group Code 0901

NAIC Company Code 65269

## **LIFE INSURANCE**

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

| DIRECT DEATH<br>BENEFITS AND<br>MATURED<br>ENDOWMENTS<br>INCURRED | Ordinary                           |             | Credit Life<br>(Group and Individual)         |             | Group                   |             | Industrial                         |             | Total                              |              |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
|   | 1<br>No. of<br>Pols. &<br>Certifs. | 2<br>Amount | 3<br>No. of<br>Ind.Pols.<br>& Gr.<br>Certifs. | 4<br>Amount | 5<br>No. of<br>Certifs. | 6<br>Amount | 7<br>No. of<br>Pols. &<br>Certifs. | 8<br>Amount | 9<br>No. of<br>Pols. &<br>Certifs. | 10<br>Amount |
| 16. Unpaid December 31, prior year .....                          |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 17. Incurred during current year<br>Settled during current year:  |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 18.1 By payment in full .....                                     |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 18.2 By payment on<br>compromised claims .....                    |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 18.3 Totals paid .....  |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 18.4 Reduction by compromise .....                                |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 18.5 Amount rejected .....  |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 18.6 Total settlements .....                                      |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 19. Unpaid Dec. 31, current<br>year (16+17-18.6) .....            |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| <b>NONE</b>   |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| <b>POLICY EXHIBIT</b>   |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 20. In force December 31, prior<br>year .....                     |                                    |             |   | (a) .....   |                         |             |                                    |             |                                    |              |
| 21. Issued during year .....                                      |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 22. Other changes to in force<br>(Net) .....                      |                                    |             |   |             |                         |             |                                    |             |                                    |              |
| 23. In force December 31 of<br>current year .....                 |                                    |             |   | (b) .....   |                         |             |                                    |             |                                    |              |

(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 \$ ....., current year \$ .....

## ACCIDENT AND HEALTH INSURANCE

| ACCIDENT AND HEALTH INSURANCE   |                      |                                |  |                         |                                |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
|   | 1<br>Direct Premiums | 2<br>Direct Premiums<br>Earned | 3<br>Policyholder Dividends<br>Paid, Refunds to<br>Members or Credited<br>on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses<br>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<br>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) .....   |                      |                                |  |                         |                                |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)                                |                      |                                |  |                         |                                |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF South Carolina

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF South Dakota

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Tennessee

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Texas

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Utah

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Vermont

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Virginia  
NAIC Group Code 0901

DURING THE YEAR 2022  
NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Washington  
NAIC Group Code 0901

DURING THE YEAR 2022  
NAIC Company Code 65269

**LIFE INSURANCE**

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

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

(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<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>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 fee      |                      |                             |   |                         |                             |
| Other Individual Policies:                                    |                      |                             |   |                         |                             |
| 25.1 Non-cancellable (b) .....                                |                      |                             |   |                         |                             |
| 25.2 Guaranteed renewable (b) .....                           |                      |                             |   |                         |                             |
| 25.3 Non-renewable for stated reasons only (b) .....          |                      |                             |   |                         |                             |
| 25.4 Other accident only .....                                |                      |                             |   |                         |                             |
| 25.5 All other (b) .....                                      |                      |                             |   |                         |                             |
| 25.6 Totals (sum of Lines 25.1 to 25.5)                       |                      |                             |   |                         |                             |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)      |                      |                             |   |                         |                             |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

**DIRECT BUSINESS IN THE STATE OF Wisconsin**

**DURING THE YEAR 2022**

NAIC Group Code 0901

NAIC Company Code 65269

## LIFE INSURANCE

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

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

(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<br>Direct Premiums | 2<br>Direct Premiums<br>Earned | 3<br>Policyholder Dividends<br>Paid, Refunds to<br>Members or Credited<br>on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses<br>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<br>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) .....   |                      |                                |  |                         |                                |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)                                |                      |                                |  |                         |                                |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Wyoming

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

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

## FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

### INTEREST MAINTENANCE RESERVE

|   | 1<br>Amount |
|---|-------------|
| 1. Reserve as of December 31, Prior Year .....  | 22,646      |
| 2. Current year's realized pre-tax capital gains/(losses) of \$ ..... transferred into the reserve net of taxes of \$ ..... |             |
| 3. Adjustment for current year's liability gains/(losses) released from the reserve .....                                   |             |
| 4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) .....                | 22,646      |
| 5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) .....                     | 4,689       |
| 6. Reserve as of December 31, current year (Line 4 minus Line 5)  | 17,957      |

### AMORTIZATION

| Year of Amortization      | 1<br>Reserve as of<br>December 31,<br>Prior Year | 2<br>Current Year's<br>Realized Capital<br>Gains/(Losses)<br>Transferred into the<br>Reserve Net of Taxes | 3<br>Adjustment for Current<br>Year's Liability<br>Gains/(Losses)<br>Released From<br>the Reserve | 4<br>Balance Before<br>Reduction for Current<br>Year's Amortization<br>(Cols. 1 + 2 + 3) |
|---------------------------|--|---|---|--|
| 1. 2022 .....             | 4,689  |   |   | 4,689  |
| 2. 2023 .....             | 4,932  |   |   | 4,932  |
| 3. 2024 .....             | 4,563  |   |   | 4,563  |
| 4. 2025 .....             | 3,651  |   |   | 3,651  |
| 5. 2026 .....             | 2,666  |   |   | 2,666  |
| 6. 2027 .....             | 1,607  |   |   | 1,607  |
| 7. 2028 .....             | 538  |   |   | 538  |
| 8. 2029 .....             |  |   |   |  |
| 9. 2030 .....             |  |   |   |  |
| 10. 2031 .....            |  |   |   |  |
| 11. 2032 .....            |  |   |   |  |
| 12. 2033 .....            |  |   |   |  |
| 13. 2034 .....            |  |   |   |  |
| 14. 2035 .....            |  |   |   |  |
| 15. 2036 .....            |  |   |   |  |
| 16. 2037 .....            |  |   |   |  |
| 17. 2038 .....            |  |   |   |  |
| 18. 2039 .....            |  |   |   |  |
| 19. 2040 .....            |  |   |   |  |
| 20. 2041 .....            |  |   |   |  |
| 21. 2042 .....            |  |   |   |  |
| 22. 2043 .....            |  |   |   |  |
| 23. 2044 .....            |  |   |   |  |
| 24. 2045 .....            |  |   |   |  |
| 25. 2046 .....            |  |   |   |  |
| 26. 2047 .....            |  |   |   |  |
| 27. 2048 .....            |  |   |   |  |
| 28. 2049 .....            |  |   |   |  |
| 29. 2050 .....            |  |   |   |  |
| 30. 2051 .....            |  |   |   |  |
| 31. 2052 and Later        |  |   |   |  |
| 32. Total (Lines 1 to 31) | 22,646   |   |   | 22,646   |

## ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

**ASSET VALUATION RESERVE**

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

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

| Line Number | NAIC Designation | Description   | 1<br>Book/Adjusted Carrying Value | 2<br>Reclassify Related Party Encumbrances | 3<br>Add Third Party Encumbrances | 4<br>Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | Basic Contribution |                           | Reserve Objective |                           | Maximum Reserve |                            |
|-------------|------------------|---|-----------------------------------|--|-----------------------------------|---|--------------------|---------------------------|-------------------|---------------------------|-----------------|----------------------------|
|             |                  |   |                                   |  |                                   |   | 5<br>Factor        | 6<br>Amount (Cols. 4 x 5) | 7<br>Factor       | 8<br>Amount (Cols. 4 x 7) | 9<br>Factor     | 10<br>Amount (Cols. 4 x 9) |
| 1.          |                  | LONG-TERM BONDS   |                                   |  |                                   |   |                    |                           |                   |                           |                 |                            |
| 1.          | 1                | Exempt Obligations  | 2,779,319                         | XXX  | XXX                               | 2,779,319   | 0.0000             |                           | 0.0000            |                           | 0.0000          |                            |
| 2.1         | 1                | NAIC Designation Category 1.A                               |                                   | XXX  | XXX                               |   | 0.0002             |                           | 0.0007            |                           | 0.0013          |                            |
| 2.2         | 1                | NAIC Designation Category 1.B                               |                                   | XXX  | XXX                               |   | 0.0004             |                           | 0.0011            |                           | 0.0023          |                            |
| 2.3         | 1                | NAIC Designation Category 1.C                               |                                   | XXX  | XXX                               |   | 0.0006             |                           | 0.0018            |                           | 0.0035          |                            |
| 2.4         | 1                | NAIC Designation Category 1.D                               |                                   | XXX  | XXX                               |   | 0.0007             |                           | 0.0022            |                           | 0.0044          |                            |
| 2.5         | 1                | NAIC Designation Category 1.E                               |                                   | XXX  | XXX                               |   | 0.0009             |                           | 0.0027            |                           | 0.0055          |                            |
| 2.6         | 1                | NAIC Designation Category 1.F                               |                                   | XXX  | XXX                               |   | 0.0011             |                           | 0.0034            |                           | 0.0068          |                            |
| 2.7         | 1                | NAIC Designation Category 1.G                               |                                   | XXX  | XXX                               |   | 0.0014             |                           | 0.0042            |                           | 0.0085          |                            |
| 2.8         |                  | Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)               |                                   | XXX  | XXX                               |   | XXX                |                           | XXX               |                           | XXX             |                            |
| 3.1         | 2                | NAIC Designation Category 2.A                               |                                   | XXX  | XXX                               |   | 0.0021             |                           | 0.0063            |                           | 0.0105          |                            |
| 3.2         | 2                | NAIC Designation Category 2.B                               |                                   | XXX  | XXX                               |   | 0.0025             |                           | 0.0076            |                           | 0.0127          |                            |
| 3.3         | 2                | NAIC Designation Category 2.C                               |                                   | XXX  | XXX                               |   | 0.0036             |                           | 0.0108            |                           | 0.0180          |                            |
| 3.4         |                  | Subtotal NAIC 2 (3.1+3.2+3.3)                               |                                   | XXX  | XXX                               |   | XXX                |                           | XXX               |                           | XXX             |                            |
| 4.1         | 3                | NAIC Designation Category 3.A                               |                                   | XXX  | XXX                               |   | 0.0069             |                           | 0.0183            |                           | 0.0262          |                            |
| 4.2         | 3                | NAIC Designation Category 3.B                               |                                   | XXX  | XXX                               |   | 0.0099             |                           | 0.0264            |                           | 0.0377          |                            |
| 4.3         | 3                | NAIC Designation Category 3.C                               |                                   | XXX  | XXX                               |   | 0.0131             |                           | 0.0350            |                           | 0.0500          |                            |
| 4.4         |                  | Subtotal NAIC 3 (4.1+4.2+4.3)                               |                                   | XXX  | XXX                               |   | XXX                |                           | XXX               |                           | XXX             |                            |
| 5.1         | 4                | NAIC Designation Category 4.A                               |                                   | XXX  | XXX                               |   | 0.0184             |                           | 0.0430            |                           | 0.0615          |                            |
| 5.2         | 4                | NAIC Designation Category 4.B                               |                                   | XXX  | XXX                               |   | 0.0238             |                           | 0.0555            |                           | 0.0793          |                            |
| 5.3         | 4                | NAIC Designation Category 4.C                               |                                   | XXX  | XXX                               |   | 0.0310             |                           | 0.0724            |                           | 0.1034          |                            |
| 5.4         |                  | Subtotal NAIC 4 (5.1+5.2+5.3)                               |                                   | XXX  | XXX                               |   | XXX                |                           | XXX               |                           | XXX             |                            |
| 6.1         | 5                | NAIC Designation Category 5.A                               |                                   | XXX  | XXX                               |   | 0.0472             |                           | 0.0846            |                           | 0.1410          |                            |
| 6.2         | 5                | NAIC Designation Category 5.B                               |                                   | XXX  | XXX                               |   | 0.0663             |                           | 0.1188            |                           | 0.1980          |                            |
| 6.3         | 5                | NAIC Designation Category 5.C                               |                                   | XXX  | XXX                               |   | 0.0836             |                           | 0.1498            |                           | 0.2496          |                            |
| 6.4         |                  | Subtotal NAIC 5 (6.1+6.2+6.3)                               |                                   | XXX  | XXX                               |   | XXX                |                           | XXX               |                           | XXX             |                            |
| 7.          | 6                | NAIC 6  |                                   | XXX  | XXX                               |   | 0.0000             |                           | 0.2370            |                           | 0.2370          |                            |
| 8.          |                  | Total Unrated Multi-class Securities Acquired by Conversion |                                   | XXX  | XXX                               |   | XXX                |                           | XXX               |                           | XXX             |                            |
| 9.          |                  | Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)           | 2,779,319                         | XXX  | XXX                               | 2,779,319   | XXX                |                           | XXX               |                           | XXX             |                            |
| 10.         | 1                | PREFERRED STOCKS  |                                   |  |                                   |   |                    |                           |                   |                           |                 |                            |
| 11.         | 2                | Highest Quality   |                                   | XXX  | XXX                               |   | 0.0005             |                           | 0.0016            |                           | 0.0033          |                            |
| 12.         | 3                | High Quality  |                                   | XXX  | XXX                               |   | 0.0021             |                           | 0.0064            |                           | 0.0106          |                            |
| 13.         | 4                | Medium Quality  |                                   | XXX  | XXX                               |   | 0.0099             |                           | 0.0263            |                           | 0.0376          |                            |
| 14.         | 5                | Low Quality   |                                   | XXX  | XXX                               |   | 0.0245             |                           | 0.0572            |                           | 0.0817          |                            |
| 15.         | 6                | Lower Quality   |                                   | XXX  | XXX                               |   | 0.0630             |                           | 0.1128            |                           | 0.1880          |                            |
| 16.         |                  | In or Near Default  |                                   | XXX  | XXX                               |   | 0.0000             |                           | 0.2370            |                           | 0.2370          |                            |
| 17.         |                  | Affiliated Life with AVR                                    |                                   | XXX  | XXX                               |   | 0.0000             |                           | 0.0000            |                           | 0.0000          |                            |
|             |                  | Total Preferred Stocks (Sum of Lines 10 through 16)         |                                   | XXX  | XXX                               |   | XXX                |                           | XXX               |                           | XXX             |                            |

## ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

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

| Line Number | NAIC Designation | Description   | 1<br>Book/Adjusted Carrying Value | 2<br>Reclassify Related Party Encumbrances | 3<br>Add Third Party Encumbrances | 4<br>Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | Basic Contribution |                           | Reserve Objective |                           | Maximum Reserve |                            |
|-------------|------------------|---|-----------------------------------|--|-----------------------------------|---|--------------------|---------------------------|-------------------|---------------------------|-----------------|----------------------------|
|             |                  |   |                                   |  |                                   |   | 5<br>Factor        | 6<br>Amount (Cols. 4 x 5) | 7<br>Factor       | 8<br>Amount (Cols. 4 x 7) | 9<br>Factor     | 10<br>Amount (Cols. 4 x 9) |
| 18.         |                  | SHORT-TERM BONDS  |                                   |  |                                   |   |                    |                           |                   |                           |                 |                            |
| 19.1        | 1                | Exempt Obligations .....                                      |                                   | XXX..                                      | XXX..                             |   | 0.0000             |                           | 0.0000            |                           | 0.0000          |                            |
| 19.1        | 1                | NAIC Designation Category 1.A .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0002             |                           | 0.0007            |                           | 0.0013          |                            |
| 19.2        | 1                | NAIC Designation Category 1.B .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0004             |                           | 0.0011            |                           | 0.0023          |                            |
| 19.3        | 1                | NAIC Designation Category 1.C .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0006             |                           | 0.0018            |                           | 0.0035          |                            |
| 19.4        | 1                | NAIC Designation Category 1.D .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0007             |                           | 0.0022            |                           | 0.0044          |                            |
| 19.5        | 1                | NAIC Designation Category 1.E .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0009             |                           | 0.0027            |                           | 0.0055          |                            |
| 19.6        | 1                | NAIC Designation Category 1.F .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0011             |                           | 0.0034            |                           | 0.0068          |                            |
| 19.7        | 1                | NAIC Designation Category 1.G .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0014             |                           | 0.0042            |                           | 0.0085          |                            |
| 19.8        |                  | Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7) .....    |                                   | XXX  | XXX                               |   | XXX                |                           | XXX               |                           | XXX             |                            |
| 20.1        | 2                | NAIC Designation Category 2.A .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0021             |                           | 0.0063            |                           | 0.0105          |                            |
| 20.2        | 2                | NAIC Designation Category 2.B .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0025             |                           | 0.0076            |                           | 0.0127          |                            |
| 20.3        | 2                | NAIC Designation Category 2.C .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0036             |                           | 0.0108            |                           | 0.0180          |                            |
| 20.4        |                  | Subtotal NAIC 2 (20.1+20.2+20.3) .....                        |                                   | XXX  | XXX                               |   | XXX                |                           | XXX               |                           | XXX             |                            |
| 21.1        | 3                | NAIC Designation Category 3.A .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0069             |                           | 0.0183            |                           | 0.0262          |                            |
| 21.2        | 3                | NAIC Designation Category 3.B .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0099             |                           | 0.0264            |                           | 0.0377          |                            |
| 21.3        | 3                | NAIC Designation Category 3.C .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0131             |                           | 0.0350            |                           | 0.0500          |                            |
| 21.4        |                  | Subtotal NAIC 3 (21.1+21.2+21.3) .....                        |                                   | XXX  | XXX                               |   | XXX                |                           | XXX               |                           | XXX             |                            |
| 22.1        | 4                | NAIC Designation Category 4.A .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0184             |                           | 0.0430            |                           | 0.0615          |                            |
| 22.2        | 4                | NAIC Designation Category 4.B .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0238             |                           | 0.0555            |                           | 0.0793          |                            |
| 22.3        | 4                | NAIC Designation Category 4.C .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0310             |                           | 0.0724            |                           | 0.1034          |                            |
| 22.4        |                  | Subtotal NAIC 4 (22.1+22.2+22.3) .....                        |                                   | XXX  | XXX                               |   | XXX                |                           | XXX               |                           | XXX             |                            |
| 23.1        | 5                | NAIC Designation Category 5.A .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0472             |                           | 0.0846            |                           | 0.1410          |                            |
| 23.2        | 5                | NAIC Designation Category 5.B .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0663             |                           | 0.1188            |                           | 0.1980          |                            |
| 23.3        | 5                | NAIC Designation Category 5.C .....                           |                                   | XXX..                                      | XXX..                             |   | 0.0836             |                           | 0.1498            |                           | 0.2496          |                            |
| 23.4        |                  | Subtotal NAIC 5 (23.1+23.2+23.3) .....                        |                                   | XXX  | XXX                               |   | XXX                |                           | XXX               |                           | XXX             |                            |
| 24.         | 6                | NAIC 6 .....  |                                   | XXX..                                      | XXX..                             |   | 0.0000             |                           | 0.2370            |                           | 0.2370          |                            |
| 25.         |                  | Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24) ..... |                                   | XXX  | XXX                               |   | XXX                |                           | XXX               |                           | XXX             |                            |
| 26.         |                  | DERIVATIVE INSTRUMENTS  |                                   |  |                                   |   |                    |                           |                   |                           |                 |                            |
| 27.         | 1                | Exchange Traded .....   |                                   | XXX..                                      | XXX..                             |   | 0.0005             |                           | 0.0016            |                           | 0.0033          |                            |
| 28.         | 2                | Highest Quality .....   |                                   | XXX..                                      | XXX..                             |   | 0.0005             |                           | 0.0016            |                           | 0.0033          |                            |
| 29.         | 3                | High Quality .....  |                                   | XXX..                                      | XXX..                             |   | 0.0021             |                           | 0.0064            |                           | 0.0106          |                            |
| 30.         | 4                | Medium Quality .....  |                                   | XXX..                                      | XXX..                             |   | 0.0099             |                           | 0.0263            |                           | 0.0376          |                            |
| 31.         | 5                | Low Quality .....   |                                   | XXX..                                      | XXX..                             |   | 0.0245             |                           | 0.0572            |                           | 0.0817          |                            |
| 32.         | 6                | Lower Quality .....   |                                   | XXX..                                      | XXX..                             |   | 0.0630             |                           | 0.1128            |                           | 0.1880          |                            |
| 33.         |                  | In or Near Default .....                                      |                                   | XXX  | XXX                               |   | 0.0000             |                           | 0.2370            |                           | 0.2370          |                            |
| 34.         |                  | Total Derivative Instruments .....                            |                                   | XXX  | XXX                               |   | XXX                |                           | XXX               |                           | XXX             |                            |
|             |                  | Total (Lines 9 + 17 + 25 + 33) .....                          | 2,779,319                         | XXX  | XXX                               | 2,779,319   | XXX                |                           | XXX               |                           | XXX             |                            |

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

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

Asset Valuation Reserve - Equity Component  
**N O N E**

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

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

Schedule H - Part 1 - Analysis of Underwriting Operations  
**N O N E**

Schedule H - Part 2 - Reserves and Liabilities  
**N O N E**

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities  
**N O N E**

Schedule H - Part 4 - Reinsurance  
**N O N E**

Schedule H - Part 5 - Health Claims  
**N O N E**

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

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

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

Schedule S - Part 3 - Section 1  
**N O N E**

Schedule S - Part 3 - Section 2  
**N O N E**

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  
**N O N E**

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

|  | 1<br>As Reported<br>(net of ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(gross of ceded) |
|--|------------------------------------|---------------------------------|-----------------------------------|
| <b>ASSETS (Page 2, Col. 3)</b>   |                                    |                                 |                                   |
| 1. Cash and invested assets (Line 12) .....  | 3,055,020                          |                                 | 3,055,020                         |
| 2. Reinsurance (Line 16) .....   |                                    |                                 |                                   |
| 3. Premiums and considerations (Line 15) .....   |                                    |                                 |                                   |
| 4. Net credit for ceded reinsurance .....  | XXX.                               |                                 |                                   |
| 5. All other admitted assets (balance) .....   | 34,805                             |                                 | 34,805                            |
| 6. Total assets excluding Separate Accounts (Line 26) .....  | 3,089,825                          |                                 | 3,089,825                         |
| 7. Separate Account assets (Line 27) .....   |                                    |                                 |                                   |
| 8. Total assets (Line 28) .....  | 3,089,825                          |                                 | 3,089,825                         |
| <b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>   |                                    |                                 |                                   |
| 9. Contract reserves (Lines 1 and 2) .....   |                                    |                                 |                                   |
| 10. Liability for deposit-type contracts (Line 3) .....  |                                    |                                 |                                   |
| 11. Claim reserves (Line 4) .....  |                                    |                                 |                                   |
| 12. Policyholder dividends/member refunds/reserves (Lines 5 through 7) .....                                 |                                    |                                 |                                   |
| 13. Premium & annuity considerations received in advance (Line 8) .....                                      |                                    |                                 |                                   |
| 14. Other contract liabilities (Line 9) .....  | 17,957                             |                                 | 17,957                            |
| 15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) .....                              |                                    |                                 |                                   |
| 16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) ..... |                                    |                                 |                                   |
| 17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount) .....                                    |                                    |                                 |                                   |
| 18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) .....          |                                    |                                 |                                   |
| 19. All other liabilities (balance) .....  | 8,764                              |                                 | 8,764                             |
| 20. Total liabilities excluding Separate Accounts (Line 26) .....  | 26,721                             |                                 | 26,721                            |
| 21. Separate Account liabilities (Line 27) .....   |                                    |                                 |                                   |
| 22. Total liabilities (Line 28) .....  | 26,721                             |                                 | 26,721                            |
| 23. Capital & surplus (Line 38) .....  | 3,063,104                          | XXX                             | 3,063,104                         |
| 24. Total liabilities, capital & surplus (Line 39) .....   | 3,089,825                          |                                 | 3,089,825                         |
| <b>NET CREDIT FOR CEDED REINSURANCE</b>  |                                    |                                 |                                   |
| 25. Contract reserves .....  |                                    |                                 |                                   |
| 26. Claim reserves .....   |                                    |                                 |                                   |
| 27. Policyholder dividends/reserves .....  |                                    |                                 |                                   |
| 28. Premium & annuity considerations received in advance .....   |                                    |                                 |                                   |
| 29. Liability for deposit-type contracts .....   |                                    |                                 |                                   |
| 30. Other contract liabilities .....   |                                    |                                 |                                   |
| 31. Reinsurance ceded assets .....   |                                    |                                 |                                   |
| 32. Other ceded reinsurance recoverables .....   |                                    |                                 |                                   |
| 33. Total ceded reinsurance recoverables .....   |                                    |                                 |                                   |
| 34. Premiums and considerations .....  |                                    |                                 |                                   |
| 35. Reinsurance in unauthorized companies .....  |                                    |                                 |                                   |
| 36. Funds held under reinsurance treaties with unauthorized reinsurers .....                                 |                                    |                                 |                                   |
| 37. Reinsurance with Certified Reinsurers .....  |                                    |                                 |                                   |
| 38. Funds held under reinsurance treaties with Certified Reinsurers .....                                    |                                    |                                 |                                   |
| 39. Other ceded reinsurance payables/offsets .....   |                                    |                                 |                                   |
| 40. Total ceded reinsurance payable/offsets .....  |                                    |                                 |                                   |
| 41. Total net credit for ceded reinsurance .....   |                                    |                                 |                                   |

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

Allocated by States and Territories

| States, Etc.                       | Life<br>(Group and<br>Individual) | Direct Business Only |   |  |   |                                |
|------------------------------------|-----------------------------------|----------------------|---|--|---|--------------------------------|
|                                    |                                   | 1                    | 2 | 3<br>Disability<br>Income<br>(Group and<br>Individual) | 4<br>Long-Term<br>Care<br>(Group and<br>Individual) | 5<br>Deposit-Type<br>Contracts |
| 1. Alabama .....                   | AL                                |                      |   |  |   |                                |
| 2. Alaska .....                    | AK                                |                      |   |  |   |                                |
| 3. Arizona .....                   | AZ                                |                      |   |  |   |                                |
| 4. Arkansas .....                  | AR                                |                      |   |  |   |                                |
| 5. California .....                | CA                                |                      |   |  |   |                                |
| 6. Colorado .....                  | CO                                |                      |   |  |   |                                |
| 7. Connecticut .....               | CT                                |                      |   |  |   |                                |
| 8. Delaware .....                  | DE                                |                      |   |  |   |                                |
| 9. District of Columbia .....      | DC                                |                      |   |  |   |                                |
| 10. Florida .....                  | FL                                |                      |   |  |   |                                |
| 11. Georgia .....                  | GA                                |                      |   |  |   |                                |
| 12. Hawaii .....                   | HI                                |                      |   |  |   |                                |
| 13. Idaho .....                    | ID                                |                      |   |  |   |                                |
| 14. Illinois .....                 | IL                                |                      |   |  |   |                                |
| 15. Indiana .....                  | IN                                |                      |   |  |   |                                |
| 16. Iowa .....                     | IA                                |                      |   |  |   |                                |
| 17. Kansas .....                   | KS                                |                      |   |  |   |                                |
| 18. Kentucky .....                 | KY                                |                      |   |  |   |                                |
| 19. Louisiana .....                | LA                                |                      |   |  |   |                                |
| 20. Maine .....                    | ME                                |                      |   |  |   |                                |
| 21. Maryland .....                 | MD                                |                      |   |  |   |                                |
| 22. Massachusetts .....            | MA                                |                      |   |  |   |                                |
| 23. Michigan .....                 | MI                                |                      |   |  |   |                                |
| 24. Minnesota .....                | MN                                |                      |   |  |   |                                |
| 25. Mississippi .....              | MS                                |                      |   |  |   |                                |
| 26. Missouri .....                 | MO                                |                      |   |  |   |                                |
| 27. Montana .....                  | MT                                |                      |   |  |   |                                |
| 28. Nebraska .....                 | NE                                |                      |   |  |   |                                |
| 29. Nevada .....                   | NV                                |                      |   |  |   |                                |
| 30. New Hampshire .....            | NH                                |                      |   |  |   |                                |
| 31. New Jersey .....               | NJ                                |                      |   |  |   |                                |
| 32. New Mexico .....               | NM                                |                      |   |  |   |                                |
| 33. New York .....                 | NY                                |                      |   |  |   |                                |
| 34. North Carolina .....           | NC                                |                      |   |  |   |                                |
| 35. North Dakota .....             | ND                                |                      |   |  |   |                                |
| 36. Ohio .....                     | OH                                |                      |   |  |   |                                |
| 37. Oklahoma .....                 | OK                                |                      |   |  |   |                                |
| 38. Oregon .....                   | OR                                |                      |   |  |   |                                |
| 39. Pennsylvania .....             | PA                                |                      |   |  |   |                                |
| 40. Rhode Island .....             | RI                                |                      |   |  |   |                                |
| 41. South Carolina .....           | SC                                |                      |   |  |   |                                |
| 42. South Dakota .....             | SD                                |                      |   |  |   |                                |
| 43. Tennessee .....                | TN                                |                      |   |  |   |                                |
| 44. Texas .....                    | TX                                |                      |   |  |   |                                |
| 45. Utah .....                     | UT                                |                      |   |  |   |                                |
| 46. Vermont .....                  | VT                                |                      |   |  |   |                                |
| 47. Virginia .....                 | VA                                |                      |   |  |   |                                |
| 48. Washington .....               | WA                                |                      |   |  |   |                                |
| 49. West Virginia .....            | WV                                |                      |   |  |   |                                |
| 50. Wisconsin .....                | WI                                |                      |   |  |   |                                |
| 51. Wyoming .....                  | WY                                |                      |   |  |   |                                |
| 52. American Samoa .....           | AS                                |                      |   |  |   |                                |
| 53. Guam .....                     | GU                                |                      |   |  |   |                                |
| 54. Puerto Rico .....              | PR                                |                      |   |  |   |                                |
| 55. U.S. Virgin Islands .....      | VI                                |                      |   |  |   |                                |
| 56. Northern Mariana Islands ..... | MP                                |                      |   |  |   |                                |
| 57. Canada .....                   | CAN                               |                      |   |  |   |                                |
| 58. Aggregate Other Alien .....    | OT                                |                      |   |  |   |                                |
| 59. Total .....                    |                                   |                      |   |  |   |                                |

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

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

| 1          | 2                 | 3                 | 4          | 5            | 6   | 7  | 8   | 9                      | 10  | 11   | 12   | 13   | 14   | 15                                   | 16 |
|------------|-------------------|-------------------|------------|--------------|-----|--|---|------------------------|---|--|--|--|--|--------------------------------------|----|
| Group Code | Group Name        | NAIC Company Code | ID Number  | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Loca-tion | Rela-tionship to Reporting Entity                   | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Percent-age | 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....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 82-3315524 |              |     | Arbor Heights Venture LLC .....  | ..DE....                                    | NIA....                | Cigna Affiliates Realty Investment Group, LLC ..... | Ownership.....                                 | .90.000 ...  | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 46-4080861 |              |     | AristalND, Inc. ....   | ..DE....                                    | NIA....                | Cigna Ventures, LLC .....                           | Ownership.....                                 | .11.100 ...  | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 86-3581583 |              |     | Arizona Health Plan, Inc. ....   | ..AZ....                                    | NIA....                | Healthsource, Inc. ....                             | Ownership.....                                 | .100.000 ...   | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 00-0000000 |              |     | Ascent Health Services LLC .....                                       | ..DE....                                    | NIA....                | Cigna Spruce Holdings GmbH .....                    | Ownership.....                                 | .80.000 ...  | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 86-1750832 |              |     | ASM Apartments Venture, L.L.C. ....                                    | ..DE....                                    | NIA....                | CARING St. Matthew's Investor LLC .....             | Ownership.....                                 | .90.000 ...  | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 81-0585518 |              |     | Benefit Management Corp. ....  | ..MT....                                    | NIA....                | Connecticut General Corporation .....               | Ownership.....                                 | .100.000 ...   | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 81-2650133 |              |     | Berwick Apartments LLC .....   | ..DE....                                    | NIA....                | Cigna Affiliates Realty Investment Group, LLC ..... | Ownership.....                                 | .85.000 ...  | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 43-1815573 |              |     | Biopathers in Care, Inc. ....  | ..MO....                                    | NIA....                | Accredo Health, Incorporated .....                  | 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....                 | NewQuest Management Northeast, LLC .....            | Ownership.....                                 | .100.000 ...   | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 00-0000000 |              |     | Breakthrough Behavioral, Inc. ....                                     | ..DE....                                    | IA....                 | MDLlive, Inc. ....                                  | Ownership.....                                 | .100.000 ...   | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 00-0000000 |              |     | Breakthrough Behavioral of Texas, Inc. ....                            | ..TX....                                    | IA....                 | Breakthrough Behavioral, Inc. ....                  | Ownership.....                                 | .100.000 ...   | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 27-1713977 |              |     | Brighter, Inc. ....  | ..DE....                                    | NIA....                | Connecticut General Corporation .....               | Ownership.....                                 | .100.000 ...   | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 46-4918521 |              |     | Buoy Health, Inc. ....   | ..DE....                                    | NIA....                | Cigna Ventures, LLC .....                           | Ownership.....                                 | .12.200 ...  | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 47-4991296 |              |     | Bright Health Group, Inc. ....   | ..DE....                                    | NIA....                | Cigna Health and Life Insurance Company .....       | Ownership.....                                 | .15.500 ...  | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 61-1162797 |              |     | Care Continuum, Inc. ....  | ..KY....                                    | NIA....                | SpectraCare Health Care Ventures, Inc. ....         | Ownership.....                                 | .100.000 ...   | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 85-0954556 |              |     | CareAllies Accountable Care Collaborative LLC .....                    | ..DE....                                    | NIA....                | CareAllies, Inc. ....                               | Ownership.....                                 | .100.000 ...   | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 85-0935554 |              |     | CareAllies Accountable Care Network LLC .....                          | ..DE....                                    | NIA....                | CareAllies, Inc. ....                               | Ownership.....                                 | .100.000 ...   | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 00-0000000 |              |     | CareAllies Accountable Care Solutions LLC .....                        | ..DE....                                    | NIA....                | CareAllies, Inc. ....                               | Ownership.....                                 | .100.000 ...   | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 26-0180898 |              |     | CareAllies, Inc. ....  | ..DE....                                    | NIA....                | Cigna Holdings, Inc. ....                           | Ownership.....                                 | .100.000 ...   | Cigna Corporation .....                      | ...NO....                                  |                                      |    |
| .0901      | Cigna Group ..... |                   | 81-2760646 |              |     | CareAllies, LLC .....  | ..DE....                                    | NIA....                | Connecticut General Life Insurance Company .....    | Ownership.....                                 | .100.000 ...   | Cigna Corporation .....                      | ...NO....                                  |                                      |    |

## ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

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

| 1<br>Group Code | 2<br>Group Name   | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries Or Affiliates | 9<br>Domestic-<br>ciliary Loca-<br>tion | 10<br>Rela-<br>tionship to<br>Report-<br>ing Entity | 11<br>Directly Controlled by<br>(Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Owner-<br>ship Provide<br>Percent-<br>age | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Yes/No) | 16<br>* |
|-----------------|-------------------|------------------------|----------------|-------------------|----------|---|--|---|---|---|--|---|--|---|---------|
| .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 Insurance Company (Formerly United Benefit Life Insurance Company)

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

| 1          | 2                 | 3                 | 4          | 5            | 6   | 7  | 8   | 9                    | 10                               | 11  | 12   | 13   | 14   | 15                                  | 16 |
|------------|-------------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|---|--|--|--|-------------------------------------|----|
| Group Code | Group Name        | NAIC Company Code | ID Number  | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates   | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person)      | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | *  |
| .0901      | Cigna Group ..... |                   | 85-1961034 |              |     |  | 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 NMO, LLC .....                            | NY..                 | NIA..                            | eviCore healthcare MSI, LLC .....                   | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO .....                            |    |
| .0901      | Cigna Group ..... |                   | 33-1039759 |              |     |  | CCN-HNY 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-AO 477 South Market Street LLC .....       | DE..                 | NIA..                            | CARING Firestone Investor LLC .....                 | Ownership.....   | .85.000 ...                                | Cigna Corporation .....                    | NO .....                            |    |
| .0901      | Cigna Group ..... |                   | 84-4773972 |              |     |  | CG-LEDO IPB Venture LLC .....                 | DE..                 | NIA..                            | CARING IPB Investor LLC .....                       | Ownership.....   | .90.000 ...                                | Cigna Corporation .....                    | NO .....                            |    |
| .0901      | Cigna Group ..... |                   | 84-4747045 |              |     |  | CG-LEDO IPB I LLC .....                       | DE..                 | NIA..                            | CARING IPB Investor LLC .....                       | Ownership.....   | .90.000 ...                                | Cigna Corporation .....                    | NO .....                            |    |
| .0901      | Cigna Group ..... |                   | 84-4755025 |              |     |  | CG-LEDO IPB II LLC .....                      | DE..                 | NIA..                            | CARING IPB 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 Insurance Company (Formerly United Benefit Life Insurance Company)

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

| 1          | 2                 | 3                 | 4             | 5             | 6     | 7  | 8   | 9                      | 10  | 11   | 12   | 13   | 14   | 15                                   | 16 |
|------------|-------------------|-------------------|---------------|---------------|-------|--|---|------------------------|---|--|--|--|--|--------------------------------------|----|
| Group Code | Group Name        | NAIC Company Code | ID Number     | Federal RSSD  | CIK   | Name of Securities Exchange if Publicly Traded (U.S. or International)       | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Loca-tion | Rela-tion-ship to Reporting Entity                  | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Per-centage | 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.....                                 |  |  |  |                                      |    |
| .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 Insurance Company (Formerly United Benefit Life Insurance Company)

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

| 1          | 2                 | 3                 | 4          | 5            | 6   | 7  | 8   | 9                      | 10                                | 11   | 12   | 13   | 14   | 15                                   | 16 |
|------------|-------------------|-------------------|------------|--------------|-----|--|---|------------------------|-----------------------------------|--|--|--|--|--------------------------------------|----|
| Group Code | Group Name        | NAIC Company Code | ID Number  | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Loca-tion | Rela-tionship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Percent-age | 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. ....                            |   | .BNU.....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.....UPD.....       |                                   |  | 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 Insurance Company (Formerly United Benefit Life Insurance Company)

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

| 1          | 2                 | 3                 | 4          | 5            | 6   | 7  | 8   | 9                    | 10                               | 11  | 12   | 13   | 14   | 15                                  | 16 |
|------------|-------------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|---|--|--|--|-------------------------------------|----|
| Group Code | Group Name        | NAIC Company Code | ID Number  | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates   | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person)  | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | *  |
| .0901      | Cigna Group ..... |                   | 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 ...<br>Provident American Life and Health Insurance Company ..... | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... | 65269             | 75-2305400 |              |     |  | Cigna Insurance Company .....   | .OH.                 | .RE.                             | 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 ..... |                   | 00-0000000 |              |     |  | Cigna International Services, Inc. ....   | .DE.                 | .NIA.                            | Cigna Global Holdings, Inc. ....  | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | 23-2610178 |              |     |  | Cigna Investment Group, Inc. ....   | .DE.                 | .NIA.                            | Cigna Holdings, Inc. ....   | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | 06-1095823 |              |     |  | Cigna Investments, Inc. ....  | .DE.                 | .NIA.                            | Cigna Investment Group, Inc. ....   | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | 06-0861092 |              |     |  | Cigna Laurel Holdings, Ltd. ....  | .BMU.                | .NIA.                            | Cigna Linden Holdings, Inc. ....  | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | 98-1146864 |              |     |  | Cigna Legal Protection U.K. Ltd. ....   | .GBR.                | .NIA.                            | Cigna Willow Holdings, LTD. ....  | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | 00-0000000 |              |     |  | Cigna Life Insurance Company of Canada ....   | .CAN.                | .IA.                             | Cigna Chestnut Holdings, Ltd. ....  | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | AA-1560515 |              |     |  | Cigna Life Insurance Company of Europe S.A.-N.V. ....                                       | .BEL.                | .IA.                             | Cigna Beechwood Holdings .....  | Ownership.....   | .99.993 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | AA-1240009 |              |     |  | Cigna Linden Holdings, Inc. ....  | .DE.                 | .NIA.                            | Cigna Holdings Overseas, Inc. ....  | Ownership.....   | .82.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | 46-4110289 |              |     |  | Cigna Magnolia Holdings, Ltd. ....  | .BMU.                | .NIA.                            | Cigna Palmetto Holdings, Ltd. ....  | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | 98-1232512 |              |     |  | Cigna Managed Care Benefits Company .....   | .DE.                 | .NIA.                            | Connecticut General Corporation .....   | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | 23-2741294 |              |     |  | Cigna Management Company LLC .....  | .DE.                 | .NIA.                            | Cigna Health and Life Insurance Company ..  | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | 87-3374500 |              |     |  | Cigna Myrtle Holdings, Ltd. ....  | .MLT.                | .NIA.                            | Cigna Apac Holdings, Ltd. ....  | Ownership.....   | .74.560 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | 98-1154657 |              |     |  | Cigna National Health Insurance Company .....   | .OH.                 | .UIP.                            | Cigna Health and Life Insurance Company ..  | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | 61727      | 34-0970995   |     |  | 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 ..... |                   | 00-0000000 |              |     |  | Cigna Palmetto Holdings, Ltd. ....  | .BMU.                | .NIA.                            | Cigna Laurel Holdings, Ltd. ....  | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | 98-1232443 |              |     |  | Cigna Poplar Holdings, Inc. ....  | .DE.                 | .NIA.                            | Cigna Holdings Overseas, Inc. ....  | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | 46-4099800 |              |     |  | Cigna RE Corporation .....  | .DE.                 | .NIA.                            | Connecticut General Corporation .....   | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | 06-1071502 |              |     |  | Cigna Resource Manager, Inc. ....   | .DE.                 | .NIA.                            | Connecticut General Corporation .....   | Ownership.....   | 100.000 ...                                | Cigna Corporation .....                    | NO.....                             |    |
| .0901      | Cigna Group ..... |                   | 06-1567902 |              |     |  | 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<br>(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 Insurance Company (Formerly United Benefit Life Insurance Company)

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

| 1          | 2                 | 3                 | 4          | 5            | 6             | 7  | 8   | 9                    | 10  | 11   | 12   | 13  | 14  | 15                                  | 16 |
|------------|-------------------|-------------------|------------|--------------|---------------|--|---|----------------------|---|--|--|---|---|-------------------------------------|----|
| Group Code | Group Name        | NAIC Company Code | ID Number  | Federal RSSD | CIK           | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity                                    | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage                | Ultimate Controlling Entity(es)/Person(s) | Is an SCA Filing Required? (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 | .....        | .....         | ManulCigna 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.....                                   | UIP.....             | Cigna Holdings, Inc. ....   | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                                   | ...NO.....                                | .....                               |    |
| .0901      | Cigna Group ..... | 62308             | 06-0303370 | .....        | 0000023419 .. | Connecticut General Life Insurance Company .....                       | ..CT.....                                   | UIP.....             | 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 | .....        | .....         | CR Washington Street Investors LP .....                                | ..DE.....                                   | NIA.....             | Cigna Affiliates Realty Investment Group, LLC .....                 | Ownership.....                                 | .33.820 ...  | Charles River Washington Street LLC (non-affiliate) ..... | ...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 | .....        | .....         | Econdisc Contracting Solutions, LLC .....                              | ..DE.....                                   | NIA.....             | Express Scripts Pharmaceutical Procurement LLC (90%) .....          | Ownership.....                                 | .90.000 ...  | Cigna Corporation .....                                   | ...NO.....                                | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 00-0000000 | .....        | .....         | Egyptian Emirates Administration Services SAE .....                    | ..EGY.....                                  | NIA.....             | NAS Neuron Health Services, L.L.C. ....                             | Ownership.....                                 | .64.999 ...  | Cigna Corporation .....                                   | ...NO.....                                | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 00-0000000 | .....        | .....         | ESI Canada .....   | ..CAN.....                                  | NIA.....             | Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%) ..... | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                                   | ...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 ..... | .....             | 43-192556  | .....        | .....         | 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 Canada Co. ....                                     | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                                   | ...NO.....                                | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 74-2974964 | .....        | .....         | ESI Mail Order Processing, Inc. (f/k/a NXI) .....                      | ..DE.....                                   | NIA.....             | Express Scripts, Inc. ....  | 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 | .....        | .....         | ESI Partnership .....  | ..DE.....                                   | NIA.....             | Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%) .....      | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                                   | ...NO.....                                | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 41-2006555 | .....        | .....         | ESI Resources, Inc. ....   | ..MN.....                                   | NIA.....             | ESI Partnership .....   | 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.....             | Evernorth Behavioral Health, 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.....             | Connecticut General Corporation .....                               | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                                   | ...NO.....                                | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 86-1465626 | .....        | .....         | Evernorth Care Solutions, Inc. ....                                    | ..DE.....                                   | NIA.....             | Evernorth Health, Inc. ....   | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                                   | ...NO.....                                | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 32-0222252 | .....        | .....         | Evernorth Direct Health, LLC .....                                     | ..DE.....                                   | NIA.....             | Connecticut General Life Insurance Company .....                    | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                                   | ...NO.....                                | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 85-2732455 | .....        | .....         | Evernorth Enterprise Services, Inc. ....                               | ..DE.....                                   | NIA.....             | Express Scripts, Inc. ....  | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                                   | ...NO.....                                | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 85-2759151 | .....        | .....         | Evernorth Sales Operations, Inc. ....                                  | ..DE.....                                   | NIA.....             | Evernorth Health, Inc. ....   | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                                   | ...NO.....                                | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 85-2717903 | .....        | .....         | Evernorth Strategic Development, Inc. ....                             | ..DE.....                                   | NIA.....             | Cigna Corporation .....   | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                                   | ...NO.....                                | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 46-4676347 | .....        | .....         | eviCore 1, LLC .....   | ..DE.....                                   | NIA.....             | Evernorth Health, Inc. ....   | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                                   | ...NO.....                                | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 62-1615395 | .....        | .....         | 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 Insurance Company (Formerly United Benefit Life Insurance Company)

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

| 1          | 2                 | 3                 | 4          | 5            | 6     | 7  | 8   | 9  | 10                               | 11   | 12   | 13   | 14  | 15                                  | 16 |
|------------|-------------------|-------------------|------------|--------------|-------|--|---|--|----------------------------------|--|--|--|---|-------------------------------------|----|
| Group Code | Group Name        | NAIC Company Code | ID Number  | Federal RSSD | CIK   | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location   | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(es)/Person(s) | Is an SCA Filing Required? (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 ..... | .....             | .....      | .....        | ..... | Express Scripts Canada Services .....                                  | ..CAN.....NIA.....                          | 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 ..... | .....             | .....      | .....        | ..... | Express Scripts Health Information Network Partners, Inc. .....        | ..DE.....NIA.....                           | Express Scripts, Inc. .....  | Ownership.....                   | 100.000 ..                                     | Cigna Corporation .....  | .....                                      | NO.....                                   | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 84-5003423 | .....        | ..... | Evernorth Health, Inc. .....   | ..DE.....NIA.....                           | Cigna Corporation .....  | Ownership.....                   | 100.000 ..                                     | Cigna Corporation .....  | .....                                      | NO.....                                   | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 45-2884094 | .....        | ..... | 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 ..... | .....             | 20-5826948 | .....        | ..... | 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. .....                      | ..NJ.....NIA.....                           | Express Scripts, Inc. .....  | Ownership.....                   | 100.000 ..                                     | Cigna Corporation .....  | .....                                      | NO.....                                   | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 43-1869714 | .....        | ..... | Express Scripts Utilization Management Company .....                   | ..DE.....NIA.....                           | Express Scripts, Inc. .....  | Ownership.....                   | 100.000 ..                                     | Cigna Corporation .....  | .....                                      | NO.....                                   | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 43-1420563 | .....        | ..... | Express Scripts, Inc. .....  | ..DE.....NIA.....                           | Evernorth Health, Inc. .....   | Ownership.....                   | 100.000 ..                                     | Cigna Corporation .....  | .....                                      | NO.....                                   | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 00-0000000 | .....        | ..... | FirstAssist Administration Limited .....                               | ..GBR.....NIA.....                          | Cigna Willow Holdings, LTD. .....  | Ownership.....                   | 100.000 ..                                     | Cigna Corporation .....  | .....                                      | NO.....                                   | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 23-1914061 | .....        | ..... | Former Cigna Investments, Inc. .....                                   | ..DE.....NIA.....                           | Cigna Investment Group, Inc. .....                                       | Ownership.....                   | 100.000 ..                                     | Cigna Corporation .....  | .....                                      | NO.....                                   | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 88-3762943 | .....        | ..... | Forsyth Health, LLC .....  | ..DE.....NIA.....                           | Express Scripts, Inc. .....  | Ownership.....                   | 100.000 ..                                     | Cigna Corporation .....  | .....                                      | NO.....                                   | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 02-0523249 | .....        | ..... | Freco, Inc. .....  | ..FL.....NIA.....                           | Priority Healthcare Corporation .....                                    | Ownership.....                   | 100.000 ..                                     | Cigna Corporation .....  | .....                                      | NO.....                                   | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 20-3229217 | .....        | ..... | Freedom Service Company, LLC .....                                     | ..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 Insurance Company (Formerly United Benefit Life Insurance Company)

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

| 1                           | 2          | 3                 | 4          | 5            | 6          | 7  | 8   | 9                    | 10                               | 11  | 12   | 13   | 14   | 15                                  | 16                      |       |
|-----------------------------|------------|-------------------|------------|--------------|------------|--|---|----------------------|----------------------------------|---|--|--|--|-------------------------------------|-------------------------|-------|
| Group Code                  | Group Name | NAIC Company Code | ID Number  | Federal RSSD | CIK        | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person)      | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | *                       |       |
| .0901 ... Cigna Group ..... | .....      | 02-046769         | .....      | .....        | .....      | Healthsource Properties, Inc. ....                                     | .. NH.....                                  | .... NIA.....        | .....                            | Healthsource, Inc. ....                             | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 02-0387748        | .....      | 0000855587   | .....      | Healthsource, Inc. ....  | .. DE.....                                  | .... NIA.....        | .....                            | Cigna Health Corporation .....                      | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 12902             | 20-8534298 | .....        | .....      | HealthSpring Life & Health Insurance Company, Inc. ....                | .. TX.....                                  | .... IA.....         | .....                            | NewQuest, LLC .....                                 | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | .....             | 20-8647386 | .....        | .....      | HealthSpring Management of America, LLC .....                          | .. DE.....                                  | .... NIA.....        | .....                            | NewQuest, LLC .....                                 | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 11532             | 65-1129599 | .....        | .....      | HealthSpring of Florida, Inc. ....                                     | .. FL.....                                  | .... IA.....         | .....                            | NewQuest, LLC .....                                 | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | .....             | 26-2353772 | .....        | .....      | HealthSpring Pharmacy of Tennessee, LLC .....                          | .. DE.....                                  | .... NIA.....        | .....                            | HealthSpring Pharmacy Services, LLC .....           | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | .....             | 26-2353476 | .....        | .....      | HealthSpring Pharmacy Services, LLC .....                              | .. DE.....                                  | .... NIA.....        | .....                            | NewQuest, LLC .....                                 | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | .....             | 72-1559530 | .....        | 0001339553 | .....  | HealthSpring USA, LLC .....                 | .. TN.....           | .... NIA.....                    | .....   | NewQuest, LLC .....  | .....                                      | .....                                      | .....                               | Cigna Corporation ..... | ..... |
| .0901 ... Cigna Group ..... | .....      | .....             | 20-1821898 | .....        | .....      | HealthSpring, Inc. ....  | .. DE.....                                  | .... NIA.....        | .....                            | Connecticut General Corporation .....               | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 81-4139432        | .....      | .....        | .....      | Heights at Bear Creek Borrower LLC .....                               | .. DE.....                                  | .... NIA.....        | .....                            | CARING Heights At Bear Creek Investor LLC .....     | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 81-4139432        | .....      | .....        | .....      | Heights at Bear Creek Mezzanine LLC .....                              | .. DE.....                                  | .... NIA.....        | .....                            | CARING Heights At Bear Creek Investor LLC .....     | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 81-4139432        | .....      | .....        | .....      | Heights at Bear Creek Venture LLC .....                                | .. DE.....                                  | .... NIA.....        | .....                            | Cigna Affiliates Realty Investment Group, LLC ..... | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 20-4266628        | .....      | .....        | .....      | Home Physicians Management, LLC .....                                  | .. DE.....                                  | .... NIA.....        | .....                            | NewQuest, LLC .....                                 | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 75-3108521        | .....      | .....        | .....      | HouQuest, LLC .....  | .. DE.....                                  | .... NIA.....        | .....                            | NewQuest, LLC .....                                 | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 37-1708015        | .....      | .....        | .....      | Houston Briar Forest Apartments Limited Partnership .....              | .. DE.....                                  | .... NIA.....        | .....                            | Cigna Affiliates Realty Investment Group, LLC ..... | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 95-4838551        | .....      | .....        | .....      | Ideal Properties II LLC .....  | .. CA.....                                  | .... NIA.....        | .....                            | Cigna Affiliates Realty Investment Group, LLC ..... | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 35-2041388        | .....      | .....        | .....      | IHN, Inc. ....   | .. IN.....                                  | .... NIA.....        | .....                            | Connecticut General Corporation .....               | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | .....             | 00-0000000 | .....        | .....      | Independent Health Information Technology Services L.L.C. ....         | .. ARE.....                                 | .... NIA.....        | .....                            | NAS Neuron Health Services, L.L.C. ....             | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | .....             | 82-1655179 | .....        | .....      | Innovative Product Alignment, LLC .....                                | .. DE.....                                  | .... NIA.....        | .....                            | Express Scripts, Inc. ....                          | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | .....             | 82-0658250 | .....        | .....      | Inside RX, LLC .....   | .. DE.....                                  | .... NIA.....        | .....                            | Express Scripts, Inc. ....                          | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | .....             | 81-0425785 | .....        | .....      | Intermountain Underwriters, Inc. ....                                  | .. MT.....                                  | .... NIA.....        | .....                            | Benefit Management Corp. ....                       | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | .....             | 00-0000000 | .....        | .....      | International Pharmaceutical Solutions, GmbH .....                     | .. CHE.....                                 | .... NIA.....        | .....                            | Cigna Holdings Overseas, Inc. ....                  | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 84-3406799        | .....      | .....        | .....      | JA Lofts Holdings, LLC .....   | .. DE.....                                  | .... NIA.....        | .....                            | JA Lofts JV Limited Partnership .....               | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 84-3395923        | .....      | .....        | .....      | JA Lofts JV Limited Partnership .....                                  | .. DE.....                                  | .... NIA.....        | .....                            | CARING JA Lofts Investor LP LLC .....               | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 00-0000000        | .....      | .....        | .....      | Kuwait Emirates Administration Services WLL .....                      | .. KWT.....                                 | .... NIA.....        | .....                            | NAS Administrative Services Company LLC .....       | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | .....             | 20-8064696 | .....        | .....      | Kronos Optimal Health Company .....                                    | .. AZ.....                                  | .... NIA.....        | .....                            | Connecticut General Corporation .....               | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 47-5292506        | .....      | .....        | .....      | L&C Investments, LLC .....   | .. DE.....                                  | .... NIA.....        | .....                            | Express Scripts, Inc. ....                          | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 47-4375626        | .....      | .....        | .....      | Lakehills CM-CG LLC .....  | .. DE.....                                  | .... NIA.....        | .....                            | Cigna Affiliates Realty Investment Group, LLC ..... | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | 65722      | 63-0343428        | .....      | .....        | .....      | Loyal American Life Insurance Company .....                            | .. OH.....                                  | .... IA.....         | .....                            | Cigna Health and Life Insurance Company .....       | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 58-2593075        | .....      | .....        | .....      | Lynnfield Compounding Center, Inc. ....                                | .. FL.....                                  | .... NIA.....        | .....                            | Priority Healthcare Corporation .....               | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 04-3546044        | .....      | .....        | .....      | Lynnfield Drug, Inc. ....  | .. FL.....                                  | .... NIA.....        | .....                            | Priority Healthcare Corporation .....               | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 27-1506930        | .....      | .....        | .....      | MAH Pharmacy, LLC .....  | .. DE.....                                  | .... NIA.....        | .....                            | Medeo Health Solutions, Inc. ....                   | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 80-0908244        | .....      | .....        | .....      | Mallory Square Partners I, LLC .....                                   | .. DE.....                                  | .... NIA.....        | .....                            | Cigna Affiliates Realty Investment Group, LLC ..... | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 88-0241365        | .....      | .....        | .....      | Managed Care Consultants, Inc. ....                                    | .. NV.....                                  | .... NIA.....        | .....                            | Cigna Health Corporation .....                      | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 51-0500147        | .....      | .....        | .....      | Matrix GPO, LLC .....  | .. IN.....                                  | .... NIA.....        | .....                            | Priority Healthcare Corporation .....               | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 59-3720653        | .....      | .....        | .....      | Matrix Healthcare Services, Inc. ....                                  | .. FL.....                                  | .... NIA.....        | .....                            | MyMatrixx Holdings, LLC .....                       | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 06-1346406        | .....      | .....        | .....      | MCC Independent Practice Association of New York, Inc. ....            | .. NY.....                                  | .... NIA.....        | .....                            | Evernorth Health, Inc. ....                         | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 45-4937055        | .....      | .....        | .....      | MDLive, Inc. ....  | .. DE.....                                  | .... NIA.....        | .....                            | Evernorth Health, Inc. ....                         | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 00-0000000        | .....      | .....        | .....      | MDLive LLC .....   | .. DE.....                                  | .... NIA.....        | .....                            | MDLive, Inc. ....                                   | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 00-0000000        | .....      | .....        | .....      | MDLivevisit, LLC .....   | .. FL.....                                  | .... NIA.....        | .....                            | MDLive, Inc. ....                                   | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |
| .0901 ... Cigna Group ..... | .....      | 00-0000000        | .....      | .....        | .....      | MDLive Provider Services, LLC .....                                    | .. FL.....                                  | .... NIA.....        | .....                            | MDLive, Inc. ....                                   | .....  | .....                                      | .....                                      | Cigna Corporation .....             | .....                   |       |

## ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

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

| 1          | 2                 | 3                 | 4          | 5            | 6   | 7  | 8   | 9                      | 10  | 11   | 12   | 13   | 14   | 15                                   | 16 |
|------------|-------------------|-------------------|------------|--------------|-----|--|---|------------------------|---|--|--|--|--|--------------------------------------|----|
| Group Code | Group Name        | NAIC Company Code | ID Number  | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Loca-tion | Rela-tionship to Reporting Entity             | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Per-centage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (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 ..... |                   |            |              |     | Medco Health Information Network Partners, Inc. .....                  | .. DE.....                                  | .. NIA.....            | Medco Health Solutions, Inc. .....            | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 84-5017653 |              |     | Medco Health Puerto Rico, LLC .....                                    | .. DE.....                                  | .. NIA.....            | Medco Health Solutions, Inc. .....            | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 81-0616525 |              |     | Medco Health Services, Inc. .....                                      | .. DE.....                                  | .. NIA.....            | Medco Health Solutions, Inc. .....            | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 26-3544786 |              |     | Medco Health Solutions, Inc. .....                                     | .. DE.....                                  | .. NIA.....            | Evernorth Health, Inc. .....                  | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 22-3461740 |              |     | Mediiversal, Inc. .....  | .. NV.....                                  | .. NIA.....            | Connecticut General Corporation .....         | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 88-0334401 |              |     | MedSolutions Holdings, Inc. .....                                      | .. DE.....                                  | .. NIA.....            | eviCore 1, LLC .....                          | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 27-3801345 |              |     | Montclair 11 Pine Operating Company LLC .....                          | .. DE.....                                  | .. NIA.....            | CARING Montclair Investor LLC .....           | Ownership.....                                 | 90.000 ...   | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 87-2810715 |              |     | Montclair 11 Pine Urban Renewal LLC .....                              | .. DE.....                                  | .. NIA.....            | CARING Montclair Investor LLC .....           | Ownership.....                                 | 90.000 ...   | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 87-2790325 |              |     | Montclair Residences JV LLC .....                                      | .. DE.....                                  | .. NIA.....            | CARING Montclair Investor LLC .....           | Ownership.....                                 | 90.000 ...   | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 87-2772585 |              |     | MSI Health Organization of Texas, Inc. .....                           | .. TX.....                                  | .. NIA.....            | eviCore healthcare MSI, LLC .....             | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 32-0071543 |              |     | MSI HT, LLC .....  | .. TN.....                                  | .. NIA.....            | eviCore healthcare MSI, LLC .....             | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 27-5492993 |              |     | MSI LT, LLC .....  | .. TN.....                                  | .. NIA.....            | eviCore healthcare MSI, LLC .....             | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 27-5493148 |              |     | MSI SAR-GW, LLC .....  | .. TN.....                                  | .. NIA.....            | eviCore healthcare MSI, LLC .....             | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 27-5493321 |              |     | MSIAZ I, LLC .....   | .. TN.....                                  | .. NIA.....            | eviCore healthcare MSI, LLC .....             | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 86-1090522 |              |     | MSICA I, LLC .....   | .. TN.....                                  | .. NIA.....            | eviCore healthcare MSI, LLC .....             | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 20-1749733 |              |     | MSICO I, LLC .....   | .. TN.....                                  | .. NIA.....            | eviCore healthcare MSI, LLC .....             | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 20-1222347 |              |     | MSIFL, LLC .....   | .. TN.....                                  | .. NIA.....            | eviCore healthcare MSI, LLC .....             | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 55-0840800 |              |     | MSIMD I, LLC .....   | .. TN.....                                  | .. NIA.....            | eviCore healthcare MSI, LLC .....             | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 26-0181185 |              |     | MSINC I, LLC .....   | .. TN.....                                  | .. NIA.....            | eviCore healthcare MSI, LLC .....             | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 74-3122235 |              |     | MSINH II, LLC .....  | .. TN.....                                  | .. NIA.....            | eviCore healthcare MSI, LLC .....             | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 11-3715243 |              |     | MSINH III, LLC .....   | .. TN.....                                  | .. NIA.....            | eviCore healthcare MSI, LLC .....             | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 03-0524694 |              |     | MSINV I, LLC .....   | .. TN.....                                  | .. NIA.....            | eviCore healthcare MSI, LLC .....             | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 20-1749446 |              |     | MSINV II, LLC .....  | .. TN.....                                  | .. NIA.....            | eviCore healthcare MSI, LLC .....             | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 20-1761914 |              |     | MSINV III, LLC .....   | .. TN.....                                  | .. NIA.....            | eviCore healthcare MSI, LLC .....             | Ownership.....                                 | 100.000 ...  | Cigna Corporation .....                      | ... NO.....                                |                                      |    |
| .0901 ...  | Cigna Group ..... |                   | 55-0840806 |              |     | MSISCI 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 ..... |                   | 80-0818750 |              |     | 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 Insurance Company (Formerly United Benefit Life Insurance Company)

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

| 1          | 2                 | 3                 | 4          | 5            | 6     | 7  | 8   | 9                    | 10   | 11   | 12   | 13  | 14   | 15                                  | 16 |
|------------|-------------------|-------------------|------------|--------------|-------|--|---|----------------------|--|--|--|---|--|-------------------------------------|----|
| Group Code | Group Name        | NAIC Company Code | ID Number  | Federal RSSD | CIK   | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity                                     | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage              | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | *  |
| .0901      | Cigna Group ..... | .....             | 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.....                                   | ....UDP.....         | 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 | .....        | ..... | Quallent Pharmaceuticals Holdings LP .....                             | ..CYM.....                                  | ....NIA.....         | Cigna Spruce Holdings GmbH .....                                     | Ownership.....                                 | 100.000 .....  | Cigna Corporation .....                                 | ....NO.....                                | .....                               |    |
| .0901      | Cigna Group ..... | .....             | 00-0000000 | .....        | ..... | Quallent Pharmaceuticals Health LLC .....                              | ..CYM.....                                  | ....NIA.....         | Quallent 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 | .....        | ..... | JA Lofts Holdings, LLC (.5%); JA Lofts JV .....                        | ..DE.....                                   | ....NIA.....         | 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 Bala Cynwyd 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 .....                                 | ..BMU.....                                  | ....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 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 | .....        | ..... | Verity Solutions Group, Inc. .....                                     | ..DE.....                                   | ....NIA.....         | Cigna Health and Life Insurance Company ...                          | Ownership.....                                 | 100.000 .....  | Cigna Corporation .....                                 | ....NO.....                                | 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 Insurance Company (Formerly United Benefit Life Insurance Company)

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

| 1<br>Group Code | 2<br>Group Name   | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries Or Affiliates | 9<br>Domestic-<br>ciliary Loca-<br>tion | 10<br>Rela-<br>tion-<br>ship to<br>Report-<br>ing Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Owner-<br>ship Provide<br>Percent-<br>age | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Re-<br>quired? (Yes/No) | 16<br>* |
|-----------------|-------------------|------------------------|----------------|-------------------|----------|---|--|---|--|--|--|---|--|--|---------|
| .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 Eisenhauer, LLC .....   | ..DE.....  | NIA.....                                | CARING Westcore Holding Investor LLC .....               | Ownership.....                                       | .90.000 .....  | Cigna Corporation .....                                       | ...NO.....                                       | .....  |         |
| .0901 ...       | Cigna Group ..... | .....                  | 84-3178563 ..  | .....             | .....    | Westcore CG II Eisenhauer, 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 Servicos LTDA .....  | .BRA.....  | NIA.....                                | Cigna Global Holdings, Inc. .....                        | Ownership.....                                       | .35.320 .....  | Cigna Corporation .....                                       | ...NO.....                                       | .....  |         |

NONE

|          |       |
|----------|-------|
| Asterisk | ..... |
| .....    | ..... |

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

| 1<br>NAIC<br>Company<br>Code | 2<br>ID<br>Number                                     | 3<br>Names of Insurers and Parent,<br>Subsidiaries or Affiliates | 4<br>Shareholder<br>Dividends | 5<br>Capital<br>Contributions | 6<br>Purchases, Sales<br>or Exchanges of<br>Loans, Securities,<br>Real Estate,<br>Mortgage Loans or<br>Other Investments | 7<br>Income/<br>(Disbursements)<br>Incurred in<br>Connection with<br>Guarantees or<br>Undertakings for<br>the Benefit of any<br>Affiliate(s) | 8<br>Management<br>Agreements and<br>Service Contracts | 9<br>Income/<br>(Disbursements)<br>Incurred Under<br>Reinsurance<br>Agreements | 10<br>* | 11<br>Any Other Material<br>Activity Not in the<br>Ordinary Course of<br>the Insurer's<br>Business | 12<br>Totals  | 13<br>Reinsurance<br>Recoverable/<br>(Payable) on<br>Losses and/or<br>Reserve Credit<br>Taken/(Liability) |
|------------------------------|---|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|---------------|---|
| 46-2332355                   | 1EQ Inc. (d/b/a Babyscripts)                          |  |                               |                               |  |  |  |  |         |  |               |   |
| 88-1945947                   | 73 Pond Street Apartments Venture, L.L.C.             |  |                               |                               |  |  |  |  |         |  |               |   |
| 00-0000000                   | 680 Investors LLC                                     |  |                               |                               |  |  |  |  |         |  |               |   |
| 00-0000000                   | 685 New Hampshire LLC                                 |  |                               |                               |  |  |  |  |         |  |               |   |
| 82-4794800                   | 9171 Wilshire CPI-CII LLC                             |  |                               |                               |  |  |  |  |         |  |               |   |
| 86-1712743                   | ABL Apartments Venture, L.L.C.                        |  |                               |                               |  |  |  |  |         |  |               |   |
| 88-4202407                   | ABL Holding Co., L.L.C.                               |  |                               |                               |  |  |  |  |         |  |               |   |
| 88-3747773                   | ABL Townhomes Venture, L.L.C.                         |  |                               |                               |  |  |  |  |         |  |               |   |
| 85-1046126                   | ABS Apartments Venture, L.L.C.                        |  |                               |                               |  |  |  |  |         |  |               |   |
| 11-3358535                   | Accredo Health Group, Inc.                            |  |                               |                               |  |  |  |  |         |  |               |   |
| 55-0894449                   | Accredo Health, Incorporated                          |  |                               |                               |  |  |  |  |         |  |               |   |
| 87-4355549                   | AGA Apartments Venture, L.L.C.                        |  |                               |                               |  |  |  |  |         |  |               |   |
| 13-3888838                   | AHG of New York, Inc.                                 |  |                               |                               |  |  |  |  |         |  |               |   |
| 75-3040465                   | Airport Holdings, LLC                                 |  |                               |                               |  |  |  |  |         |  |               |   |
| 35-2562415                   | Alegis Care Services, LLC                             |  |                               |                               |  |  |  |  |         |  |               |   |
| 85-0909305                   | Alegis Care Services of Colorado, LLC                 |  |                               |                               |  |  |  |  |         |  |               |   |
| 81-0400550                   | Allegiance Benefit Plan Management, Inc.              |  | (10,000,000)                  |                               |  |  | 14,044,456   |  |         |  | 4,044,456     |   |
| 03-0507057                   | Allegiance Care Management, LLC                       |  |                               |                               |  |  | 78,609   |  |         |  | 78,609        |   |
| 71-0916514                   | Allegiance COBRA Services, Inc.                       |  |                               |                               |  |  | 536  |  |         |  | 536           |   |
| 12814                        | 20-4433475 Allegiance Life & Health Insurance Company |  |                               |                               |  |  | (1,978,926)  | 595,552  |         |  | (1,383,374)   | 63,699  |
| 26-2201582                   | Allegiance Provider Direct, LLC                       |  |                               |                               |  |  |  |  |         |  |               |   |
| 20-3851464                   | Allegiance Re, Inc.                                   |  |                               |                               |  |  |  |  |         |  |               |   |
| 88366                        | 59-2760189 American Retirement Life Insurance Company |  |                               | (40,000,000)                  |  |  | (18,703,142)   |  |         |  | (58,703,142)  |   |
| 87-4023291                   | AOP II Apartments Venture, L.L.C.                     |  |                               |                               |  |  |  |  |         |  |               |   |
| 82-3315524                   | Arbor Heights Venture LLC                             |  |                               |                               |  |  |  |  |         |  |               |   |
| 46-4080861                   | AristaMD, Inc.  |  |                               |                               |  |  |  |  |         |  |               |   |
| 86-3581583                   | Arizona Health Plan, Inc.                             |  |                               |                               |  |  |  |  |         |  |               |   |
| 00-0000000                   | Ascent Health Services LLC                            |  |                               |                               |  |  | (384,803)  |  |         |  | (384,803)     |   |
| 86-1750832                   | ASM Apartments Venture, L.L.C.                        |  |                               |                               |  |  |  |  |         |  |               |   |
| 81-0585518                   | Benefit Management Corp.                              |  |                               |                               |  |  |  |  |         |  |               |   |
| 81-2650133                   | Berewick Apartments LLC                               |  |                               |                               |  |  |  |  |         |  |               |   |
| 43-1815573                   | Biopartners in Care, Inc.                             |  |                               |                               |  |  |  |  |         |  |               |   |
| 10095                        | 52-2259087 Bravo Health Mid-Atlantic, Inc.            |  |                               | 42,000,000                    |  |  | (31,329,523)   | (56,580)   |         |  | 10,613,897    |   |
| 11524                        | 52-2363406 Bravo Health Pennsylvania, Inc.            |  |                               |                               |  |  | (119,265,673)  | (203,267)  |         |  | (119,468,940) |   |
| 00-0000000                   | Breakthrough Behavioral, Inc.                         |  |                               |                               |  |  |  |  |         |  |               |   |
| 00-0000000                   | Breakthrough Behavioral of Texas, Inc.                |  |                               |                               |  |  | 428,904  |  |         |  | 428,904       |   |
| 27-1713977                   | Brighter, Inc.  |  |                               |                               |  |  |  |  |         |  |               |   |
| 46-4918521                   | Buoy Health, Inc.                                     |  |                               |                               |  |  |  |  |         |  |               |   |
| 47-4991296                   | Bright Health Group, Inc.                             |  |                               |                               |  |  |  |  |         |  |               |   |
| 61-1162797                   | Care Continuum, Inc.                                  |  |                               |                               |  |  |  |  |         |  |               |   |
| 85-0954556                   | CareAllies Accountable Care Collaborative LLC         |  |                               |                               |  |  |  |  |         |  |               |   |

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

| 1<br>NAIC<br>Company<br>Code | 2<br>ID<br>Number | 3<br>Names of Insurers and Parent,<br>Subsidiaries or Affiliates | 4<br>Shareholder<br>Dividends | 5<br>Capital<br>Contributions | 6<br>Purchases, Sales<br>or Exchanges of<br>Loans, Securities,<br>Real Estate,<br>Mortgage Loans or<br>Other Investments | 7<br>Income/<br>(Disbursements)<br>Incurred in<br>Connection with<br>Guarantees or<br>Undertakings for<br>the Benefit of any<br>Affiliate(s) | 8<br>Management<br>Agreements and<br>Service Contracts | 9<br>Income/<br>(Disbursements)<br>Incurred Under<br>Reinsurance<br>Agreements | 10<br>* | 11<br>Any Other Material<br>Activity Not in the<br>Ordinary Course of<br>the Insurer's<br>Business | 12<br>Totals | 13<br>Reinsurance<br>Recoverable/<br>(Payable) on<br>Losses and/or<br>Reserve Credit<br>Taken/(Liability) |
|------------------------------|-------------------|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|--------------|---|
|                              | 85-0935554        | CareAllies Accountable Care Network LLC                          |                               |                               |  |  |  |  |         |  |              |   |
|                              | 00-0000000        | CareAllies Accountable Care Solutions LLC                        |                               |                               |  |  |  |  |         |  |              |   |
|                              | 26-0180898        | CareAllies, Inc.   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 81-2760646        | CareAllies, LLC  |                               |                               |  |  |  |  |         |  |              |   |
| 10144                        | 20-1089572        | CareCore NJ, LLC   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 45-2681649        | CarePlexus, LLC  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 83-1400586        | CARING 18th & Salmon Investor LLC                                |                               |                               |  |  |  |  |         |  |              |   |
|                              | 83-2562994        | CARING 500 Ygnacio Investor LLC                                  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 84-1960231        | CARING 3130 Investor LLC   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 83-2318410        | CARING 9171 Wilshire Investor LLC                                |                               |                               |  |  |  |  |         |  |              |   |
|                              | 85-4247420        | CARING ABS Investor LLC  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 83-2851501        | CARING Alta Duraleigh Investor LLC                               |                               |                               |  |  |  |  |         |  |              |   |
|                              | 83-2851501        | CARING Alta Englewood Investor LLC                               |                               |                               |  |  |  |  |         |  |              |   |
|                              | 85-2966766        | CARING Alta Leander Investor LLC                                 |                               |                               |  |  |  |  |         |  |              |   |
|                              | 83-2563284        | CARING Alta Woodson Investor LLC                                 |                               |                               |  |  |  |  |         |  |              |   |
|                              | 85-2966766        | CARING Avondale Investor LLC                                     |                               |                               |  |  |  |  |         |  |              |   |
|                              | 87-1992977        | CARING Berwyn Investor LLC                                       |                               |                               |  |  |  |  |         |  |              |   |
|                              | 86-1885283        | CARING Brinkman Investor LLC                                     |                               |                               |  |  |  |  |         |  |              |   |
|                              | 32-0570889        | CARING Capitol Hill GP LLC                                       |                               |                               |  |  |  |  |         |  |              |   |
|                              | 37-1903297        | CARING Capitol Hill LP LLC                                       |                               |                               |  |  |  |  |         |  |              |   |
|                              | 83-2851364        | CARING Century Plaza Investor LLC                                |                               |                               |  |  |  |  |         |  |              |   |
|                              | 85-4265529        | CARING Deco Investor LLC   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 85-2912145        | CARING Elan I Investor LLC                                       |                               |                               |  |  |  |  |         |  |              |   |
|                              | 87-0928526        | CARING Elan II Investor LLC                                      |                               |                               |  |  |  |  |         |  |              |   |
|                              | 83-3701937        | CARING Firestone Investor LLC                                    |                               |                               |  |  |  |  |         |  |              |   |
|                              | 87-4803572        | CARING Galleria Investor LLC                                     |                               |                               |  |  |  |  |         |  |              |   |
|                              | 00-0000000        | CARING JA Lofts Investor LP LLC                                  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 00-0000000        | CARING JA Lofts Investor GP LLC                                  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 83-2318233        | CARING Heights at Bear Creek Investor LLC                        |                               |                               |  |  |  |  |         |  |              |   |
|                              | 83-1400482        | CARING Hillcrest Investor LLC                                    |                               |                               |  |  |  |  |         |  |              |   |
|                              | 84-4410554        | CARING IBP Investor LLC  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 85-1961034        | CARING Interbay Investor GP LLC                                  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 85-1984627        | CARING Interbay Investor LP LLC                                  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 83-2339522        | CARING Mallory Square Investor LLC                               |                               |                               |  |  |  |  |         |  |              |   |
|                              | 85-4265529        | CARING Montclair Investor LLC                                    |                               |                               |  |  |  |  |         |  |              |   |
|                              | 83-2563138        | CARING Soma Investor LLC   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 83-2633790        | CARING Alexan Enclave Investor LLC                               |                               |                               |  |  |  |  |         |  |              |   |
|                              | 83-2633886        | CARING Orange Collection Investor LLC                            |                               |                               |  |  |  |  |         |  |              |   |
|                              | 86-2627703        | CARING Optimist Park II Investor LLC                             |                               |                               |  |  |  |  |         |  |              |   |
|                              | 87-2031777        | CARING Slabtown Investor, LLC                                    |                               |                               |  |  |  |  |         |  |              |   |
|                              | 83-8294933        | CARING South Coast Subsidiary LLC                                |                               |                               |  |  |  |  |         |  |              |   |
|                              | 86-1942593        | CARING St. Matthew's Investor LLC                                |                               |                               |  |  |  |  |         |  |              |   |
|                              | 88-2074593        | CARING Waltham Investor LLC                                      |                               |                               |  |  |  |  |         |  |              |   |

## ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

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

| 1<br>NAIC<br>Company<br>Code | 2<br>ID<br>Number | 3<br>Names of Insurers and Parent,<br>Subsidiaries or Affiliates | 4<br>Shareholder<br>Dividends | 5<br>Capital<br>Contributions | 6<br>Purchases, Sales<br>or Exchanges of<br>Loans, Securities,<br>Real Estate,<br>Mortgage Loans or<br>Other Investments | 7<br>Income/<br>(Disbursements)<br>Incurred in<br>Connection with<br>Guarantees or<br>Undertakings for<br>the Benefit of any<br>Affiliate(s) | 8<br>Management<br>Agreements and<br>Service Contracts | 9<br>Income/<br>(Disbursements)<br>Incurred Under<br>Reinsurance<br>Agreements | 10<br>* | 11<br>Any Other Material<br>Activity Not in the<br>Ordinary Course of<br>the Insurer's<br>Business | 12<br>Totals | 13<br>Reinsurance<br>Recoverable/<br>(Payable) on<br>Losses and/or<br>Reserve Credit<br>Taken/(Liability) |
|------------------------------|-------------------|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|--------------|---|
| 38-4085763                   |                   | CARING Westcore Holding Investor LLC                             |                               |                               |  |  |  |  |         |  |              |   |
| 87-3646420                   |                   | CARING Westcore Holding II Investor LLC                          |                               |                               |  |  |  |  |         |  |              |   |
| 83-3923178                   |                   | CARING XR International Investor LLC                             |                               |                               |  |  |  |  |         |  |              |   |
| 83-4317078                   |                   | CARING XR 2 International Investor LLC                           |                               |                               |  |  |  |  |         |  |              |   |
| 84-1843578                   |                   | CGGL XR 2 International JV LLC                                   |                               |                               |  |  |  |  |         |  |              |   |
| 84-1843578                   |                   | CGGL XR 2 International Mezz LLC                                 |                               |                               |  |  |  |  |         |  |              |   |
| 45-2604992                   |                   | CCN NMO, LLC   |                               |                               |  |  |  | (10,858)   |         |  |              | (10,858)  |
| 33-1039759                   |                   | CCN-WNY IPA, LLC   |                               |                               |  |  |  | (10,962)   |         |  |              | (10,962)  |
| 34-1970892                   |                   | Ceres Sales of Ohio, LLC   |                               |                               |  |  |  | (402)  |         |  |              | (402)   |
| 06-1332403                   |                   | CG Individual Tax Benefit Payments, Inc.                         |                               |                               |  |  |  |  |         |  |              |   |
| 06-1332405                   |                   | CG Lite Pension Benefits Payments, Inc.                          |                               |                               |  |  |  |  |         |  |              |   |
| 06-1332401                   |                   | CG LINA Pension Benefits Payments, Inc.                          |                               |                               |  |  |  |  |         |  |              |   |
| 84-2083351                   |                   | CG-AQ 477 South Market Street LLC                                |                               |                               |  |  |  |  |         |  |              |   |
| 84-4773972                   |                   | CG-LEDO IBP Venture LLC  |                               |                               |  |  |  |  |         |  |              |   |
| 84-4747045                   |                   | CG-LEDO IBP I LLC  |                               |                               |  |  |  |  |         |  |              |   |
| 84-4755025                   |                   | CG-LEDO IBP II LLC   |                               |                               |  |  |  |  |         |  |              |   |
| 83-2993316                   |                   | CG-Muller 550 Winchester, LLC                                    |                               |                               |  |  |  |  |         |  |              |   |
| 45-5499889                   |                   | CG Seventh Street, LLC   |                               |                               |  |  |  |  |         |  |              |   |
| 85-0734624                   |                   | CG/Wood Alta Duraleigh, LLC                                      |                               |                               |  |  |  |  |         |  |              |   |
| 85-0655107                   |                   | CG/Wood Alta Duraleigh Owner, LLC                                |                               |                               |  |  |  |  |         |  |              |   |
| 87-2928401                   |                   | CG/Wood Alta Duraleigh Townhome, LLC                             |                               |                               |  |  |  |  |         |  |              |   |
| 82-1280312                   |                   | CG/Wood Alta 601, LLC  |                               |                               |  |  |  |  |         |  |              |   |
| 85-2233381                   |                   | CG/Wood Alta Leander Station, LLC                                |                               |                               |  |  |  |  |         |  |              |   |
| 81-3313562                   |                   | CGGL City Parkway LLC  |                               |                               |  |  |  |  |         |  |              |   |
| 61-1797835                   |                   | CGGL Orange Collection LLC                                       |                               |                               |  |  |  |  |         |  |              |   |
| 00-0000000                   |                   | CGGL Orange Collection Mezz LLC                                  |                               |                               |  |  |  |  |         |  |              |   |
| 84-1921719                   |                   | CGGL XR International LLC  |                               |                               |  |  |  |  |         |  |              |   |
| 84-1843578                   |                   | CGGL XR 2 International LLC                                      |                               |                               |  |  |  |  |         |  |              |   |
| 59-3466707                   |                   | Chiro Alliance Corporation                                       |                               |                               |  |  |  |  |         |  |              |   |
| 81-3389374                   |                   | CIG-LEI Ygnacio Associates LLC                                   |                               |                               |  |  |  |  |         |  |              |   |
| 86-2964997                   |                   | CI-GS Elan Everett Phase I, LLC                                  |                               |                               |  |  |  |  |         |  |              |   |
| 86-3726159                   |                   | CI-GS Elan Everett Phase II, LLC                                 |                               |                               |  |  |  |  |         |  |              |   |
| 82-4774243                   |                   | CI-GS Portland, LLC  |                               |                               |  |  |  |  |         |  |              |   |
| 82-1612980                   |                   | CI-GS Hillcrest LLC  |                               |                               |  |  |  |  |         |  |              |   |
| 88-3907567                   |                   | CI-GS Slabtown, LLC  |                               |                               |  |  |  |  |         |  |              |   |
| 00-0000000                   |                   | Cigna & CMB Asset Management Company Limited                     |                               |                               |  |  |  |  |         |  |              |   |
| 00-0000000                   |                   | Cigna & CMB Health Services Company, Ltd.                        |                               |                               |  |  |  |  |         |  |              |   |
| 00-0000000                   |                   | Cigna & CMB Life Insurance Company Limited                       |                               |                               |  |  |  |  |         |  |              |   |
| 00-0000000                   |                   | CIGNA 2000 UK Pension LTD  |                               |                               |  |  |  |  |         |  |              |   |
| 27-5402196                   |                   | Cigna Affiliates Realty Investment Group, LLC                    |                               |                               |  |  |  |  |         |  |              |   |
| 00-0000000                   |                   | Cigna Alder Holdings, LLC  |                               |                               |  | 171,856,136  |  |  |         |  |              | 171,856,136   |

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

## SCHEDULE Y

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

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

## ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

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

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| 1<br>NAIC<br>Company<br>Code | 2<br>ID<br>Number | 3<br>Names of Insurers and Parent,<br>Subsidiaries or Affiliates | 4<br>Shareholder<br>Dividends | 5<br>Capital<br>Contributions | 6<br>Purchases, Sales<br>or Exchanges of<br>Loans, Securities,<br>Real Estate,<br>Mortgage Loans or<br>Other Investments | 7<br>Income/<br>(Disbursements)<br>Incurred in<br>Connection with<br>Guarantees or<br>Undertakings for<br>the Benefit of any<br>Affiliate(s) | 8<br>Management<br>Agreements and<br>Service Contracts | 9<br>Income/<br>(Disbursements)<br>Incurred Under<br>Reinsurance<br>Agreements | 10<br>* | 11<br>Any Other Material<br>Activity Not in the<br>Ordinary Course of<br>the Insurer's<br>Business | 12<br>Totals | 13<br>Reinsurance<br>Recoverable/<br>(Payable) on<br>Losses and/or<br>Reserve Credit<br>Taken/(Liability) |
|------------------------------|-------------------|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|--------------|---|
|                              | 00-0000000        | Claims and Risk Services Limited .....                           |                               |                               |  |  |  |  |         |  |              |   |
|                              | 00-0000000        | ManipalCigna Health Insurance Company Limited .....              |                               |                               |  |  |  |  |         |  |              |   |
|                              | 84-1461840        | Community Health Network, LLC .....                              |                               |                               |  |  |  |  |         |  |              |   |
|                              | 06-1252419        | Connecticut General Benefit Payments, Inc. .....                 |                               |                               |  |  |  |  |         |  |              |   |
|                              | 06-0840391        | Connecticut General Corporation .....                            |                               |                               |  |  |  |  |         |  |              |   |
| 62308                        | 06-0303370        | Connecticut General Life Insurance Company .....                 |                               | 74,900,000                    |  |  |  |  |         |  | 74,896,875   |   |
|                              | 82-4936006        | CPI-CII 9171 Wilshire JV LLC .....                               |                               |                               |  |  |  |  |         |  |              |   |
|                              | 27-3555688        | CR Washington Street Investors LP .....                          |                               |                               |  |  |  |  |         |  |              |   |
|                              | 36-4369972        | CuraScript, Inc. .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 86-1305728        | Deco Apartments JV LLC .....                                     |                               |                               |  |  |  |  |         |  |              |   |
|                              | 86-1334095        | Deco Apartments Owner LLC .....                                  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 16-1526641        | Diversified NY IPA, Inc. .....                                   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 41-1627938        | Diversified Pharmaceutical Services, Inc. .....                  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 27-3542089        | Econdisc Contracting Solutions, LLC .....                        |                               |                               |  |  |  |  |         |  |              |   |
|                              | 00-0000000        | Egyptian Emirates Administration Services SAE .....              |                               |                               |  |  |  |  |         |  |              |   |
|                              | 00-0000000        | ESI Canada .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 00-0000000        | ESI GP Canada ULC .....  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 43-1925556        | ESI GP Holdings, Inc. .....                                      |                               |                               |  |  |  |  |         |  |              |   |
|                              | 00-0000000        | ESI GP2 Canada ULC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 74-2974964        | ESI Mail Order Processing, Inc. (f/k/a NXI) .....                |                               |                               |  |  |  |  |         |  |              |   |
|                              | 43-1867735        | ESI Mail Pharmacy Service, Inc. .....                            |                               |                               |  |  |  |  |         |  |              |   |
|                              | 43-1925562        | ESI Partnership .....  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 41-2006555        | ESI Resources, Inc. .....  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 92-1016132        | ESSCH Holdings, Inc. .....                                       |                               |                               |  |  |  |  |         |  |              |   |
|                              | 94-3107309        | Evernorth Behavioral Health of California, Inc. .....            |                               |                               |  |  |  |  |         |  |              |   |
|                              | 75-2751090        | Evernorth Behavioral Health of Texas, Inc. .....                 |                               |                               |  |  |  |  |         |  |              |   |
|                              | 41-1648670        | Evernorth Behavioral Health, Inc. .....                          |                               |                               |  |  |  |  |         |  |              |   |
|                              | 86-1465626        | Evernorth Care Solutions, Inc. .....                             |                               |                               |  |  |  |  |         |  |              |   |
|                              | 32-0222252        | Evernorth Direct Health, LLC .....                               |                               |                               |  |  |  |  |         |  |              |   |
|                              | 85-2732455        | Evernorth Enterprise Services, Inc. .....                        |                               |                               |  |  |  |  |         |  |              |   |
|                              | 85-2759151        | Evernorth Sales Operations, Inc. .....                           |                               |                               |  |  |  |  |         |  |              |   |
|                              | 85-2717903        | Evernorth Strategic Development, Inc. .....                      |                               |                               |  |  |  |  |         |  |              |   |
|                              | 46-4676347        | eviCore 1, LLC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 62-1615395        | eviCore healthcare MS1, LLC .....                                |                               |                               |  |  |  |  |         |  |              |   |
| 13918                        | 27-3175443        | Express Reinsurance Company .....                                |                               |                               |  |  |  |  |         |  |              |   |
|                              | 41-2063830        | Express Scripts Administrators LLC .....                         |                               |                               |  |  |  |  |         |  |              |   |
|                              | 00-0000000        | Express Scripts Canada Co. .....                                 |                               |                               |  |  |  |  |         |  |              |   |

## ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

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|------------------------------|-------------------|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|--------------|---|
| 43-1942542                   |                   | Express Scripts Canada Holding Co.                               |                               |                               |  |  |  |  |         |  |              |   |
| 27-1490640                   |                   | Express Scripts Canada Holding, LLC                              |                               |                               |  |  |  |  |         |  |              |   |
| 00-0000000                   |                   | Express Scripts Canada Services                                  |                               |                               |  |  |  |  |         |  |              |   |
| 00-0000000                   |                   | Express Scripts Canada Wholesale                                 |                               |                               |  |  |  |  |         |  |              |   |
| 84-5003423                   |                   | Express Scripts Health Information<br>Network Partners, Inc.     |                               |                               |  |  |  |  |         |  |              |   |
| 45-2884094                   |                   | Evernorth Health, Inc.   |                               |                               |  |  |  | (398,329)  |         |  |              | (398,329)   |
| 20-5826948                   |                   | Express Scripts Pharmaceutical<br>Procurement, LLC               |                               |                               |  |  |  |  |         |  |              |   |
| 00-0000000                   |                   | Express Scripts Pharmacy Atlantic, Ltd.                          |                               |                               |  |  |  |  |         |  |              |   |
| 00-0000000                   |                   | Express Scripts Pharmacy Central, Ltd.                           |                               |                               |  |  |  |  |         |  |              |   |
| 00-0000000                   |                   | Express Scripts Pharmacy Ontario, Ltd.                           |                               |                               |  |  |  |  |         |  |              |   |
| 00-0000000                   |                   | Express Scripts Pharmacy West, Ltd.                              |                               |                               |  |  |  |  |         |  |              |   |
| 30-0789911                   |                   | Express Scripts Pharmacy, Inc.                                   |                               |                               |  |  |  |  |         |  |              |   |
| 22-3114423                   |                   | Express Scripts Sales Operations, Inc.                           |                               |                               |  |  |  |  |         |  |              |   |
| 20-3126104                   |                   | Express Scripts Senior Care Holdings, Inc.                       |                               |                               |  |  |  |  |         |  |              |   |
| 20-3126075                   |                   | Express Scripts Senior Care, Inc.                                |                               |                               |  |  |  |  |         |  |              |   |
| 43-1832983                   |                   | Express Scripts Services Co.                                     |                               |                               |  |  |  |  |         |  |              |   |
| 43-1869712                   |                   | Express Scripts Specialty Distribution<br>Services, Inc.         |                               |                               |  |  |  |  |         |  |              |   |
| 22-2230703                   |                   | Express Scripts Strategic Development,<br>Inc.                   |                               |                               |  |  |  |  |         |  |              |   |
| 43-1869714                   |                   | Express Scripts Utilization Management<br>Company                |                               |                               |  |  |  |  |         |  |              |   |
| 43-1420563                   |                   | Express Scripts, Inc.  |                               |                               |  |  | 98,890,987   |  |         |  |              | 98,890,987  |
| 00-0000000                   |                   | FirstAssist Administration Limited                               |                               |                               |  |  | (54,237)   |  |         |  |              | (54,237)  |
| 23-1914061                   |                   | Former Cigna Investments, Inc.                                   |                               |                               |  |  |  |  |         |  |              |   |
| 88-3762943                   |                   | Forsyth Health, LLC  |                               |                               |  |  |  |  |         |  |              |   |
| 02-0523249                   |                   | Freco, Inc.  |                               |                               |  |  |  |  |         |  |              |   |
| 20-3229217                   |                   | Freedom Service Company, LLC                                     |                               |                               |  |  |  |  |         |  |              |   |
| 00-0000000                   |                   | Gillette Ridge Community Council, Inc.                           |                               |                               |  |  |  |  |         |  |              |   |
| 20-3700105                   |                   | Gillette Ridge Golf, LLC   |                               |                               |  |  |  |  |         |  |              |   |
| 95388                        | 93-1174749        | Great-West Healthcare of Illinois, Inc.                          |                               |                               |  |  |  |  |         |  |              |   |
|                              | 00-0000000        | GRG Acquisitions LLC   |                               | (72,173)                      |  |  |  |  |         |  |              | (72,173)  |
|                              | 76-0657035        | GulfQuest, LP  |                               |                               |  |  | 340,006,266  |  |         |  |              | 340,006,266   |
|                              | 87-3650143        | Hartford Community Lender Holding LLC                            |                               |                               |  |  |  |  |         |  |              |   |
|                              | 87-3686301        | Hartford Community Lender I LLC                                  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 52-2149519        | Hazard Center Investment Company LLC                             |                               |                               |  |  |  |  |         |  |              |   |
|                              | 04-2992335        | Healthbridge Reimbursement & Product<br>Support, Inc.            |                               |                               |  |  |  |  |         |  |              |   |
|                              | 26-2159005        | Healthbridge, Inc.   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 46-2086778        | Health-Lynx, LLC   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 06-1533555        | Healthsource Benefits, Inc.                                      |                               |                               |  |  |  |  |         |  |              |   |
|                              | 02-0467679        | Healthsource Properties, Inc.                                    |                               |                               |  |  |  |  |         |  |              |   |

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|------------------------------|-------------------|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|---------------|---|
| 02-0387748                   | .....             | Healthsource, Inc. ....  | 22,000,000                    | 640,000,000                   |  |  | (1,190)  |  |         |  | 661,998,810   |   |
| 12902                        | 20-8534298        | HealthSpring Life & Health Insurance Company, Inc. ....          | 150,000,000                   |                               |  |  | (654,786,017)  |  |         |  | (504,786,017) |   |
| .....                        | 20-8647386        | HealthSpring Management of America, LLC ..                       | 220,000,000                   |                               |  |  | 204,221,778  |  |         |  | 424,221,778   |   |
| 11532                        | 65-1129599        | HealthSpring of Florida, Inc. ....                               |                               | 15,000,000                    |  |  | (54,567,289)   |  |         |  | (39,567,289)  |   |
| .....                        | 26-235372         | HealthSpring Pharmacy of Tennessee, LLC ..                       |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 26-2353476        | HealthSpring Pharmacy Services, LLC ..                           |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 72-1559530        | HealthSpring USA, LLC ..   |                               |                               |  |  | 188,340,537  |  |         |  | 188,340,537   |   |
| .....                        | 20-1821898        | HealthSpring, Inc. ....  |                               |                               |  |  | (401,898)  |  |         |  | (401,898)     |   |
| .....                        | 81-4139432        | Heights at Bear Creek Borrower LLC ..                            |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 81-4139432        | Heights at Bear Creek Mezzanine LLC ..                           |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 81-4139432        | Heights at Bear Creek Venture LLC ..                             |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 20-4266628        | Home Physicians Management, LLC ..                               |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 75-3108521        | HouQuest, LLC ..   |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 37-1708015        | Houston Briar Forest Apartments Limited Partnership ..           |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 95-4838551        | Ideal Properties II LLC ..                                       |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 35-2041388        | IHN, Inc. ....   |                               |                               |  |  | (1,482)  |  |         |  | (1,482)       |   |
| .....                        | 00-0000000        | Independent Health Information Technology Services L.L.C. ....   |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 82-1655179        | Innovative Product Alignment, LLC ..                             |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 82-0658250        | Inside RX, LLC ..  |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 81-0425785        | Intermountain Underwriters, Inc. ....                            |                               |                               |  |  | 16,757   |  |         |  | 16,757        |   |
| .....                        | 00-0000000        | International Pharmaceutical Solutions, GmbH ..                  |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 84-3406799        | JA Lofts Holdings, LLC ..  |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 84-3395923        | JA Lofts JV Limited Partnership ..                               |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 00-0000000        | Kuwait Emirates Administration Services WLL ..                   |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 20-8064696        | Kronos Optimal Health Company ..                                 |                               |                               |  |  | (2,608)  |  |         |  | (2,608)       |   |
| .....                        | 47-5292506        | L&C Investments, LLC ..  |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 47-4375626        | Lakehills CM-CG LLC ..   |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 65722             | Loyal American Life Insurance Company ..                         | (21,017,979)                  | (3,982,021)                   |  |  | (72,873,882)   |  |         |  | (97,873,882)  |   |
| .....                        | 58-2593075        | Lynnfield Compounding Center, Inc. ....                          |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 04-3546044        | Lynnfield Drug, Inc. ....  |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 27-1506930        | MAH Pharmacy, LLC ..   |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 80-0908244        | Mallory Square Partners I, LLC ..                                |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 88-0241365        | Managed Care Consultants, Inc. ....                              |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 51-0500147        | Matrix GPO, LLC ..   |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 59-3720653        | Matrix Healthcare Services, Inc. ....                            |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 06-1346406        | MCC Independent Practice Association of New York, Inc. ....      |                               |                               |  |  | (24,264)   |  |         |  | (24,264)      |   |
| .....                        | 45-4937055        | MDLive, Inc. ....  |                               |                               |  |  |  |  |         |  |               |   |
| .....                        | 00-0000000        | MDLive LLC ..  |                               |                               |  |  |  |  |         |  |               |   |

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|------------------------------|-------------------|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|--------------|---|
|                              | 00-0000000        | MDLivevisit, LLC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 00-0000000        | MDLive Provider Services, LLC .....                              |                               |                               |  |  |  |  |         |  |              |   |
| 34720                        | 13-3506395        | Medco Containment Insurance Company of NY .....                  |                               |                               |  |  |  |  |         |  |              |   |
| 63762                        | 42-1425239        | Medco Containment Life Insurance Company .....                   |                               | 90,000,000                    |  |  |  |  |         |  |              | 86,452,710  |
|                              | 27-3709630        | Medco Europe II, LLC .....                                       |                               | (32,300,000)                  |  |  |  |  |         |  |              | (141,702,181)   |
|                              | 46-2166374        | Medco Europe, LLC .....  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 84-5017653        | Medco Health Information Network<br>Partners, Inc. .....         |                               |                               |  |  |  |  |         |  |              |   |
|                              | 81-0616525        | Medco Health Puerto Rico, LLC .....                              |                               |                               |  |  |  |  |         |  |              |   |
|                              | 26-3544786        | Medco Health Services, Inc. .....                                |                               |                               |  |  |  |  |         |  |              |   |
|                              | 22-3461740        | Medco Health Solutions, Inc. .....                               | 32,300,000                    | (90,000,000)                  |  |  |  |  |         |  |              | (57,700,000)  |
|                              | 88-0334401        | Mediversal, Inc. .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 27-3801345        | MedSolutions Holdings, Inc. .....                                |                               |                               |  |  |  |  |         |  |              |   |
|                              | 87-2810715        | Montclair 11 Pine Operating Company LLC .....                    |                               |                               |  |  |  |  |         |  |              |   |
|                              | 87-2810715        | Montclair 11 Pine Urban Renewal LLC .....                        |                               |                               |  |  |  |  |         |  |              |   |
|                              | 87-2772585        | Montclair Residences JV LLC .....                                |                               |                               |  |  |  |  |         |  |              |   |
|                              | 32-0071543        | MSI Health Organization of Texas, Inc. .....                     |                               |                               |  |  |  |  |         |  |              | (2,015,236)   |
|                              | 27-5492993        | MSI HT, LLC .....  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 27-5493148        | MSI LT, LLC .....  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 27-5493321        | MSI SAR-GW, LLC .....  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 86-1090522        | MSIAZ I, LLC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 20-1749733        | MSICA I, LLC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 20-1222347        | MSICO I, LLC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 55-0840800        | MSIFL, LLC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 26-0181185        | MSIMD I, LLC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 74-3122235        | MSINC I, LLC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 11-3715243        | MSINH II, LLC .....  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 03-0524694        | MSINH, LLC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 20-1749446        | MSINJ I, LLC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 20-1761914        | MSINV I, LLC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 55-0840806        | MSISC II, LLC .....  |                               |                               |  |  |  |  |         |  |              |   |
|                              | 26-0336736        | MSIVT I, LLC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 20-2536458        | MSIWA, LLC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 36-4833284        | MyM Technology Services, LLC .....                               |                               |                               |  |  |  |  |         |  |              |   |
|                              | 82-1350878        | myMatrixx Holdings, LLC .....                                    |                               |                               |  |  |  |  |         |  |              |   |
|                              | 46-2589799        | myMatrixx-B, LLC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 00-0000000        | NAS Administrative Services Company LLC .....                    |                               |                               |  |  |  |  |         |  |              |   |
|                              | 00-0000000        | NAS Neuron Health Services, L.L.C. .....                         |                               |                               |  |  |  |  |         |  |              |   |
|                              | 00-0000000        | NAS United SPV .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 00-0000000        | Neuron LLC .....   |                               |                               |  |  |  |  |         |  |              |   |
|                              | 52-1929677        | NewQuest Management Northeast, LLC .....                         |                               |                               |  |  |  | 191,223,519  |         |  |              | 191,223,519   |
|                              | 33-1033586        | NewQuest Management of Alabama, LLC .....                        |                               |                               |  |  |  | 261,792,525  |         |  |              | 261,792,525   |
|                              | 20-4954206        | NewQuest Management of Florida, LLC .....                        |                               |                               |  |  |  | 38,704,353   |         |  |              | 38,704,353  |

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

| 1<br>NAIC<br>Company<br>Code | 2<br>ID<br>Number | 3<br>Names of Insurers and Parent,<br>Subsidiaries or Affiliates | 4<br>Shareholder<br>Dividends | 5<br>Capital<br>Contributions | 6<br>Purchases, Sales<br>or Exchanges of<br>Loans, Securities,<br>Real Estate,<br>Mortgage Loans or<br>Other Investments | 7<br>Income/<br>(Disbursements)<br>Incurred in<br>Connection with<br>Guarantees or<br>Undertakings for<br>the Benefit of any<br>Affiliate(s) | 8<br>Management<br>Agreements and<br>Service Contracts | 9<br>Income/<br>(Disbursements)<br>Incurred Under<br>Reinsurance<br>Agreements | 10<br>* | 11<br>Any Other Material<br>Activity Not in the<br>Ordinary Course of<br>the Insurer's<br>Business | 12 | 13<br>Reinsurance<br>Recoverable/<br>(Payable) on<br>Losses and/or<br>Reserve Credit<br>Taken/(Liability) |
|------------------------------|-------------------|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|----|---|
| 77-0632665                   | .....             | NewQuest Management of Illinois, LLC .....                       |                               |                               |  |  |  | 35,618,531   |         |  |    | 35,618,531  |
| 45-0633893                   | .....             | NewQuest Management of West Virginia, LLC                        |                               |                               |  |  |  |  |         |  |    |   |
| 76-0628370                   | .....             | NewQuest, LLC .....  | (590,000,000)                 |                               |  |  |  | (1,323,856)  |         |  |    | (591,323,856)   |
| 82-5244890                   | .....             | Octave Health Group, Inc. .....                                  |                               |                               |  |  |  |  |         |  |    |   |
| 91-1599329                   | .....             | Olympic Health Management Services, Inc. .....                   |                               |                               |  |  |  |  |         |  |    |   |
| 91-1500758                   | .....             | Olympic Health Management Systems, Inc. .....                    |                               |                               |  |  |  |  |         |  |    |   |
| 80-0818758                   | .....             | Patient Provider Alliance, Inc. .....                            |                               |                               |  |  |  |  |         |  |    |   |
| 35-1927379                   | .....             | Priority Healthcare Corporation .....                            |                               |                               |  |  |  |  |         |  |    |   |
| 59-3761140                   | .....             | Priority Healthcare Distribution, Inc. .....                     |                               |                               |  |  |  |  |         |  |    |   |
| 67903                        | 23-1335885        | Provident American Life & Health Insurance<br>Company .....      | (3,253,804)                   | (746,196)                     |  |  |  | (174,085)  |         |  |    | (4,174,085)   |
| 00-0000000                   | .....             | PT GAR Indonesia .....   |                               |                               |  |  |  |  |         |  |    |   |
| 45-5046449                   | .....             | PUR Arbors Apartments Venture LLC .....                          |                               |                               |  |  |  |  |         |  |    |   |
| 46-1801639                   | .....             | QualCare Management Resources Limited<br>Liability Company ..... |                               |                               |  |  |  |  |         |  |    |   |
| 00-0000000                   | .....             | Quallent Pharmaceuticals Holdings LP .....                       |                               |                               |  |  |  |  |         |  |    |   |
| 00-0000000                   | .....             | Quallent Pharmaceuticals Health LLC .....                        |                               |                               |  |  |  | (12,587)   |         |  |    | (12,587)  |
| 45-5569416                   | .....             | QPID Health, LLC .....   |                               |                               |  |  |  |  |         |  |    |   |
| 83-1460134                   | .....             | Rise-CG Capitol Hill, LP .....                                   |                               |                               |  |  |  |  |         |  |    |   |
| 84-3254168                   | .....             | Rise-CG JA Lofts Limited Partnership .....                       |                               |                               |  |  |  |  |         |  |    |   |
| 35-1641636                   | .....             | Sagamore Health Network, Inc. .....                              |                               |                               |  |  |  | 967,340  |         |  |    | 967,340   |
| 46-3593103                   | .....             | SB-SNH LLC .....   |                               |                               |  |  |  |  |         |  |    |   |
| 95-2876207                   | .....             | Secon Properties, LP .....                                       |                               |                               |  |  |  |  |         |  |    |   |
| 82-1732483                   | .....             | SOMA Apartments Venture LLC .....                                |                               |                               |  |  |  |  |         |  |    |   |
| 82-4405071                   | .....             | Specialty Products Acquisitions, LLC .....                       |                               |                               |  |  |  |  |         |  |    |   |
| 61-1317695                   | .....             | SpectraCare Health Care Ventures, Inc. .....                     |                               |                               |  |  |  |  |         |  |    |   |
| 61-1147068                   | .....             | SpectraCare, Inc. .....  |                               |                               |  |  |  |  |         |  |    |   |
| 77399                        | 13-1867829        | Sterling Life Insurance Company .....                            | (10,788,947)                  | 788,947                       |  |  |  | (1,877,893)  |         |  |    | (11,877,893)  |
| 47-2658932                   | .....             | Strategic Pharmaceutical Investments, LLC .....                  |                               |                               |  |  |  |  |         |  |    |   |
| 00-0000000                   | .....             | SureScripts, LLC .....   |                               |                               |  |  |  |  |         |  |    |   |
| 87-0903685                   | .....             | Swedesford Road Apartments, LLC .....                            |                               |                               |  |  |  |  |         |  |    |   |
| 22-3474888                   | .....             | Systemed, LLC .....  |                               |                               |  |  |  |  |         |  |    |   |
| 23-3074013                   | .....             | Tel-Drug of Pennsylvania, LLC .....                              |                               |                               |  |  |  |  |         |  |    |   |
| 46-0427127                   | .....             | Tel-Drug, Inc. .....   |                               |                               |  |  |  |  |         |  |    |   |
| 00-0000000                   | .....             | Temple Insurance Company Limited .....                           |                               |                               |  |  |  | (34,500)   |         |  |    | (34,500)  |
| 20-5524622                   | .....             | Tennessee Quest, LLC .....                                       |                               |                               |  |  |  |  |         |  |    |   |
| 75-3108527                   | .....             | TexQuest, LLC .....  |                               |                               |  |  |  |  |         |  |    |   |
| 85-1955731                   | .....             | The Flats at Interbay Holdings, LLC .....                        |                               |                               |  |  |  |  |         |  |    |   |
| 85-1955075                   | .....             | The Flats at Interbay JV Limited<br>Partnership .....            |                               |                               |  |  |  |  |         |  |    |   |
| 85-1962013                   | .....             | The Flats at Interbay Limited Partnership .....                  |                               |                               |  |  |  |  |         |  |    |   |
| 46-5264463                   | .....             | Trainer Rx, Inc. .....   |                               |                               |  |  |  |  |         |  |    |   |

## ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life Insurance Company)

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

| 1<br>NAIC<br>Company<br>Code | 2<br>ID<br>Number | 3<br>Names of Insurers and Parent,<br>Subsidiaries or Affiliates | 4<br>Shareholder<br>Dividends | 5<br>Capital<br>Contributions | 6<br>Purchases, Sales<br>or Exchanges of<br>Loans, Securities,<br>Real Estate,<br>Mortgage Loans or<br>Other Investments | 7<br>Income/<br>(Disbursements)<br>Incurred in<br>Connection with<br>Guarantees or<br>Undertakings for<br>the Benefit of any<br>Affiliate(s) | 8<br>Management<br>Agreements and<br>Service Contracts | 9<br>Income/<br>(Disbursements)<br>Incurred Under<br>Reinsurance<br>Agreements | 10<br>* | 11<br>Any Other Material<br>Activity Not in the<br>Ordinary Course of<br>the Insurer's<br>Business | 12<br>Totals | 13<br>Reinsurance<br>Recoverable/<br>(Payable) on<br>Losses and/or<br>Reserve Credit<br>Taken/(Liability) |
|------------------------------|-------------------|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|--------------|---|
| .....                        | 00-0000000        | Transwestern Federal, L.L.C. ....                                |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 00-0000000        | Transwestern Federal Holdings, L.L.C. ....                       |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 88-0344624        | Universal Claims Administration ....                             |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 98-0463704        | Vielife Services, Inc. ....                                      |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 00-0000000        | Verity Solutions Group, Inc. ....                                |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 00-0000000        | Westcore CG AC, LLC ....   |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 84-3178563        | Westcore CG Camelback, LLC ....                                  |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 84-3178563        | Westcore CG Cedar Port, LLC ....                                 |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 00-0000000        | Westcore CG Commerce, LLC ....                                   |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 84-3178563        | Westcore CG Dove Valley I, LLC ....                              |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 84-3178563        | Westcore CG Dove Valley II, LLC ....                             |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 84-3178563        | Westcore CG Eisenhauer, LLC ....                                 |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 84-3178563        | Westcore CG II Eisenhauer, LLC ....                              |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 84-3178563        | Westcore CG Fountain Lakes, LLC ....                             |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 84-3178563        | Westcore CG Gateway, LLC ....                                    |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 84-3178563        | Westcore CG I-35, LLC ....                                       |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 84-3178563        | Westcore CG Navy, LLC ....                                       |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 84-3178563        | Westcore CG Potomac Park, LLC ....                               |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 84-3178563        | Westcore CG Solano, LLC ....                                     |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 84-3178563        | Westcore CG Susana, LLC ....                                     |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 00-0000000        | Westcore CG Venture, LLC ....                                    |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 87-3624928        | Westcore CG Venture II, LLC ....                                 |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 87-3624928        | Westcore CG II AC, LLC ....                                      |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 87-3624928        | Westcore CG II Park 225, LLC ....                                |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 87-3624928        | Westcore CG II Union Cross, LLC ....                             |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 00-0000000        | Willow DSP LLC ....  |                               |                               |  |  |  |  |         |  |              |   |
| .....                        | 00-0000000        | YCFM Servicos LTDA ....  |                               |                               |  |  |  |  |         |  |              |   |
| 9999999 Control Totals       |                   |  |                               |                               |  |  |  |  | 1       | XXX  |              | 1   |

## ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Cigna Insurance Company (Formerly United Benefit Life 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<br>Insurers in Holding Company                  | 2<br>Owners with Greater Than 10% Ownership          | 3<br>Ownership Percentage<br>Column 2 of<br>Column 1 | 4<br>Granted<br>Disclaimer<br>of Control<br>Affiliation of<br>Column 2<br>Over<br>Column 1<br>(Yes/No) | 5<br>Ultimate Controlling Party | 6<br>U.S. Insurance Groups or Entities Controlled<br>by Column 5 | 7<br>Ownership<br>Percentage<br>(Column 5 of<br>Column 5<br>Over<br>Column 6<br>(Yes/No) | 8<br>Granted<br>Disclaimer<br>of Control<br>Affiliation of<br>Column 5<br>Over<br>Column 6<br>(Yes/No) |
|---|--|--|--|---------------------------------|--|--|--|
| Allegiance Life & Health Insurance Company .....  | Benefit Management Corp. .....                       | 95.000   | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| American Retirement Life Insurance Company .....  | Loyal American Life Insurance Company .....          | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Bravo Health Mid-Atlantic, Inc. .....             | NewQuest Management Northeast, LLC .....             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Bravo Health Pennsylvania, Inc. .....             | NewQuest Management Northeast, LLC .....             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| CareCore NJ, LLC .....                            | eviCore healthcare MSI, LLC .....                    | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Arbor Life Insurance Company .....          | Connecticut General Corporation .....                | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Dental Health Of Colorado, Inc. .....       | Cigna Dental Health, Inc. .....                      | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Dental Health Of Delaware, Inc. .....       | Cigna Dental Health, Inc. .....                      | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Dental Health Of Florida, Inc. .....        | Cigna Dental Health, Inc. .....                      | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Dental Health Of Kansas, Inc. .....         | Cigna Dental Health, Inc. .....                      | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Dental Health Of Kentucky, Inc. .....       | Cigna Dental Health, Inc. .....                      | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Dental Health Of Maryland, Inc. .....       | Cigna Dental Health, Inc. .....                      | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Dental Health Of Missouri, Inc. .....       | Cigna Dental Health, Inc. .....                      | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Dental Health Of New Jersey, Inc. .....     | Cigna Dental Health, Inc. .....                      | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Dental Health Of North Carolina, Inc. ..... | Cigna Dental Health, Inc. .....                      | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Dental Health Of Ohio, Inc. .....           | Cigna Dental Health, Inc. .....                      | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Dental Health Of Pennsylvania, Inc. .....   | Cigna Dental Health, Inc. .....                      | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Dental Health Of Texas, Inc. .....          | Cigna Dental Health, Inc. .....                      | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Dental Health Of Virginia, Inc. .....       | Cigna Dental Health, Inc. .....                      | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Dental Health Plan Of Arizona, Inc. .....   | Cigna Dental Health, Inc. .....                      | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna Health and Life Insurance Company .....     | Connecticut General Life Insurance Company .....     | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare Mid-Atlantic, Inc. .....         | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of Arizona, Inc. .....           | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of Colorado, Inc. .....          | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of Connecticut, Inc. .....       | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of Florida, Inc. .....           | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of Georgia, Inc. .....           | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of Illinois, Inc. .....          | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of Indiana, Inc. .....           | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of Maine, Inc. .....             | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of Massachusetts, Inc. .....     | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of New Hampshire, Inc. .....     | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of New Jersey, Inc. .....        | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of North Carolina, Inc. .....    | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of Pennsylvania, Inc. .....      | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of South Carolina, Inc. .....    | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of St. Louis, Inc. .....         | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of Tennessee, Inc. .....         | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of Texas, Inc. .....             | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Cigna HealthCare of Utah, Inc. .....              | Healthsource, Inc. .....                             | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
|   | 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 Insurance Company (Formerly United Benefit Life 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<br>Insurers in Holding Company                      | 2<br>Owners with Greater Than 10% Ownership   | 3<br>Ownership Percentage<br>Column 2 of<br>Column 1 | 4<br>Granted<br>Disclaimer<br>of Control\\<br>Affiliation of<br>Column 2<br>Over<br>Column 1<br>(Yes/No) | 5<br>Ultimate Controlling Party | 6<br>U.S. Insurance Groups or Entities Controlled<br>by Column 5 | 7<br>Ownership<br>Percentage<br>(Column 5 of<br>Column 5<br>Over<br>Column 6<br>(Yes/No) | 8<br>Granted<br>Disclaimer<br>of Control\\<br>Affiliation of<br>Column 5<br>Over<br>Column 6<br>(Yes/No) |
|---|---|--|--|---------------------------------|--|--|--|
| Express Reinsurance Company .....                     | Express Scripts, Inc. .....                   | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| Great-West Healthcare of Illinois, Inc. .....         | Cigna Healthcare Holdings, Inc. .....         | 100.000  | .....NO.....   | Cigna Corporation .....         | Cigna Group .....  | 100.000  | .....NO.....   |
| 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.....   |

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

### 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.

|     | <b>MARCH FILING</b>  |    |
|-----|--|----|
| 10. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ..  | NO |
| 11. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | NO |
| 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?            | NO |
| 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?  | NO |
| 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 |

## 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? .....   | NO |
| 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? .....  | NO |

### 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? .....  | NO  |
| 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. Data for the supplement is not required to be filed.
11. Data for the supplement is not required to be filed.
12. Data for the supplement is not required to be filed.
13. Data for the supplement is not required to be filed.
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42. Data for the supplement is not required to be filed.
43. Data for the supplement is not required to be filed.
44. Data for the supplement is not required to be filed.
45. Data for the supplement is not required to be filed.
46. Data for the supplement is not required to be filed.
47. Data for the supplement is not required to be filed.
48. Data for the supplement is not required to be filed.

#### Bar Codes:

10. SIS Stockholder Information Supplement [Document Identifier 420]



11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]



12. Trusteed Surplus Statement [Document Identifier 490]



13. Participating Opinion for Exhibit 5 [Document Identifier 371]



14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

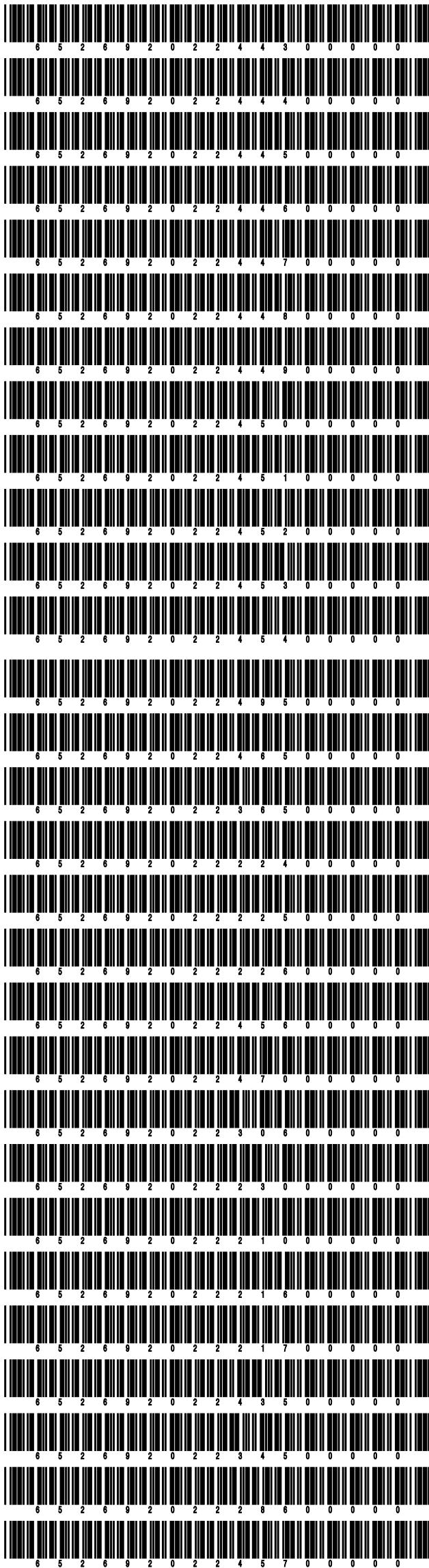


15. Actuarial Opinion on X-Factors [Document Identifier 442]



## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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]
21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]
22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]
23. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]
24. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]
25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]
26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]
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]
28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
29. Supplemental Schedule O [Document Identifier 465]
30. Medicare Part D Coverage Supplement [Document Identifier 365]
31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
33. Relief from the Requirements for Audit Committees [Document Identifier 226]
34. VM-20 Reserves Supplement [Document Identifier 456]
35. Health Care Receivables Supplement [Document Identifier 470]
37. Long-Term Care Experience Reporting Forms [Document Identifier 306]
38. Credit Insurance Experience Exhibit [Document Identifier 230]
39. Accident and Health Policy Experience Exhibit [Document Identifier 210]
40. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
41. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]
43. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]
44. Variable Annuities Supplement [Document Identifier 286]
45. Executive Summary of the PBR Actuarial Report [Document Identifier 457]



## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

46. Life Summary of the PBR Actuarial Report [Document Identifier 458]



6 5 2 6 9 2 0 2 2 4 5 8 0 0 0 0 0 0 0 0

47. Variable Annuities Summary of the PBR Actuarial Report  
[Document Identifier 459]



6 5 2 6 9 2 0 2 2 4 5 9 0 0 0 0 0 0 0 0

48. Management's Report of Internal Control Over Financial Reporting  
[Document Identifier 223]



6 5 2 6 9 2 0 2 2 2 2 3 0 0 0 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

**NONE**