



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

## ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024  
OF THE CONDITION AND AFFAIRS OF THE

# **Cigna Insurance Company**

NAIC Group Code	<u>0901</u>	NAIC Company Code	<u>65269</u>	Employer's ID Number	<u>75-2305400</u>
Organized under the Laws of	<u>0901</u> (Current)	<u>0901</u> (Prior)	Ohio	State of Domicile or Port of Entry	OH
Country of Domicile	United States of America				
Licensed as business type:	Life, Accident and Health <input checked="" type="checkbox"/> Fraternal Benefit Societies <input type="checkbox"/>				
Incorporated/Organized	<u>06/26/1957</u>		Commenced Business	<u>08/13/1957</u>	
Statutory Home Office	<u>1300 East Ninth Street</u> (Street and Number)		<u>Cleveland, OH, US 44114</u> (City or Town, State, Country and Zip Code)		
Main Administrative Office	<u>500 Great Circle Road</u> (Street and Number)		<u>512-451-2224</u> (Area Code) (Telephone Number)		
	<u>Nashville, TN, US 37228</u> (City or Town, State, Country and Zip Code)				
Mail Address	<u>500 Great Circle Road</u> (Street and Number or P.O. Box)		<u>Nashville, TN, US 37228</u> (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	<u>500 Great Circle Road</u> (Street and Number)		<u>512-451-2224</u> (Area Code) (Telephone Number)		
	<u>Nashville, TN, US 37228</u> (City or Town, State, Country and Zip Code)				
Internet Website Address	<u>www.CignaSupplementalBenefits.com</u>				
Statutory Statement Contact	<u>Renee Wilkins Feldman</u> (Name)		<u>512-531-1465</u> (Area Code) (Telephone Number)		
	<u>csbfinrpt@cignahealthcare.com</u> (E-mail Address)		<u>512-467-1399</u> (FAX Number)		

## OFFICERS

President	Ryan David Kocher #	Corporate Secretary	Alicia Marie Morrow
Treasurer and Chief Accounting Officer	Byron Keith Buescher	Appointed Actuary	Daniel Ernest Paffumi

**OTHER**

Gregory John Czar #, Chief Financial Officer and Vice President	Joanne Ruth Hart, Vice President and Assistant Treasurer	Scott Ronald Lambert, Vice President and Assistant Treasurer
Mark Edmund Ochal, General Manager	Kathleen Murphy O'Neil, Vice President	Elizabeth Anne Warford, Vice President and Assistant Treasurer
Minhe Yu #, Chief Actuary		

## **DIRECTORS OR TRUSTEES**

Renee Romanelli Cieslukowski #  
Tracy Lyn Labonte

Gregory John Czar #  
Mark Edmund Ochal

Ryan David Kocher #

State of Tennessee SS  
County of Davidson

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

Byron Keith Buescher  
Treasurer and Chief Accounting Officer

Daniel Ernest Paffumi  
Appointed Actuary

Alicia Marie Morrow  
Secretary

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

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	2,779,867	0	2,779,867	2,779,592
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens .....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances) .....	0	0	0	0
5. Cash (\$ ..... 208,984 , Schedule E - Part 1), cash equivalents (\$ ..... 10,001,754 , Schedule E - Part 2) and short-term investments (\$ ..... , Schedule DA) .....	10,210,739	0	10,210,739	10,402,995
6. Contract loans (including \$ ..... premium notes) .....	0	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0	0
9. Receivables for securities .....	0	0	0	216
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	12,990,606	0	12,990,606	13,182,803
13. Title plants less \$ ..... charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	8,151	0	8,151	8,106
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	4,751	0	4,751	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	1,232,036	0	1,232,036	0
18.2 Net deferred tax asset .....	0	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	12,950	0	12,950	0
24. Health care (\$ ..... ) and other amounts receivable .....	8,953,600	8,953,600	0	0
25. Aggregate write-ins for other-than-invested assets .....	67,718	67,718	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	23,269,812	9,021,318	14,248,494	13,190,909
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	23,269,812	9,021,318	14,248,494	13,190,909
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Other receivables and prepaid expenses .....	67,718	67,718	0	0
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	67,718	67,718	0	0

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$ .....0 (Exh. 5, Line 9999999) less \$ ..... included in Line 6.3 (including \$ .....Modco Reserve) .....	0	0
2. Aggregate reserve for accident and health contracts (including \$ .....Modco Reserve) .....	507,597	0
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$ .....Modco Reserve) .....	0	0
4. Contract claims: 4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less Col. 6) .....0 4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, Col. 6) .....1,961,484	0	0
5. Policyholders' dividends/refunds to members \$ ..... and coupons \$ ..... due and unpaid (Exhibit 4, Line 10) .....	0	0
6. Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year - estimated amounts: 6.1 Policyholders' dividends and refunds to members apportioned for payment (including \$ ..... Modco) .....0 6.2 Policyholders' dividends and refunds to members not yet apportioned (including \$ .....Modco) .....0 6.3 Coupons and similar benefits (including \$ .....Modco) .....0	0	0
7. Amount provisionally held for deferred dividend policies not included in Line 6 .....	0	0
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ ..... discount; including \$ .....1,148,281 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of lines 4 and 14) .....	1,148,281	0
9. Contract liabilities not included elsewhere: 9.1 Surrender values on canceled contracts .....0 9.2 Provision for experience rating refunds, including the liability of \$ .....0 accident and health experience rating refunds of which \$ .....0 is for medical loss ratio rebate per the Public Health Service Act .....0 9.3 Other amounts payable on reinsurance, including \$ .....0 assumed and \$ .....0 ceded .....0 9.4 Interest maintenance reserve (IMR, Line 6) .....8,462	0	13,025
10. Commissions to agents due or accrued-life and annuity contracts \$ ..... accident and health \$ ..... and deposit-type contract funds \$ .....0	0	0
11. Commissions and expense allowances payable on reinsurance assumed .....	0	0
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 7) .....	27,849	2,952
13. Transfers to Separate Accounts due or accrued (net) (including \$ ..... accrued for expense allowances recognized in reserves, net of reinsured allowances) .....	0	0
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 6) .....	168,505	860
15.1 Current federal and foreign income taxes, including \$ ..... on realized capital gains (losses) .....	0	0
15.2 Net deferred tax liability .....	0	0
16. Unearned investment income .....	0	0
17. Amounts withheld or retained by reporting entity as agent or trustee .....	0	0
18. Amounts held for agents' account, including \$ ..... agents' credit balances .....	0	0
19. Remittances and items not allocated .....	0	2,871
20. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0
21. Liability for benefits for employees and agents if not included above .....	0	0
22. Borrowed money \$ .....0 and interest thereon \$ .....0	0	0
23. Dividends to stockholders declared and unpaid .....	0	0
24. Miscellaneous liabilities: 24.01 Asset valuation reserve (AVR, Line 16, Col. 7) .....0 24.02 Reinsurance in unauthorized and certified (\$ .....0 ) companies .....0 24.03 Funds held under reinsurance treaties with unauthorized and certified (\$ ..... ) reinsurers .....0 24.04 Payable to parent, subsidiaries and affiliates .....1,213,733	0	3,668
24.05 Drafts outstanding .....0 24.06 Liability for amounts held under uninsured plans .....0 24.07 Funds held under coinsurance .....0 24.08 Derivatives .....0 24.09 Payable for securities .....0 24.10 Payable for securities lending .....0 24.11 Capital notes \$ ..... and interest thereon \$ .....0	0	0
25. Aggregate write-ins for liabilities .....	0	0
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25) .....	5,035,911	23,376
27. From Separate Accounts Statement .....	0	0
28. Total liabilities (Lines 26 and 27) .....	5,035,911	23,376
29. Common capital stock .....	1,500,000	1,500,000
30. Preferred capital stock .....	0	0
31. Aggregate write-ins for other-than-special surplus funds .....	0	0
32. Surplus notes .....	0	0
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1) .....	38,820,665	28,820,665
34. Aggregate write-ins for special surplus funds .....	0	0
35. Unassigned funds (surplus) .....	(31,108,082)	(17,153,132)
36. Less treasury stock, at cost: 36.1 ..... shares common (value included in Line 29 \$ ..... ) .....	0	0
36.2 ..... shares preferred (value included in Line 30 \$ ..... ) .....	0	0
37. Surplus (Total Lines 31+32+33+34+35-36) (including \$ ..... in Separate Accounts Statement) .....	7,712,583	11,667,533
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55) .....	9,212,583	13,167,533
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3) .....	14,248,494	13,190,909
<b>DETAILS OF WRITE-INS</b>		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	0	0
3101. ....		
3102. ....		
3103. ....		
3198. Summary of remaining write-ins for Line 31 from overflow page .....	0	0
3199. Totals (Lines 3101 through 3103 plus 3198)(Line 31 above) .....	0	0
3401. ....		
3402. ....		
3403. ....		
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) .....	0	0

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**SUMMARY OF OPERATIONS**

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts .....	8,118,775	0
2. Considerations for supplementary contracts with life contingencies .....	0	0
3. Net investment income (Exhibit of Net Investment Income, Line 17) .....	482,731	193,508
4. Amortization of Interest Maintenance Reserve (IMR, Line 5) .....	4,585	4,932
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....	0	0
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1) .....	0	0
7. Reserve adjustments on reinsurance ceded .....	0	0
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....	0	0
8.2 Charges and fees for deposit-type contracts .....	0	0
8.3 Aggregate write-ins for miscellaneous income .....	0	0
9. Total (Lines 1 to 8.3) .....	8,606,091	198,440
10. Death benefits .....	0	0
11. Matured endowments (excluding guaranteed annual pure endowments) .....	0	0
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 5 minus Analysis of Operations Summary, Line 18, Col. 1) .....	0	0
13. Disability benefits and benefits under accident and health contracts .....	6,572,899	0
14. Coupons, guaranteed annual pure endowments and similar benefits .....	0	0
15. Surrender benefits and withdrawals for life contracts .....	0	0
16. Group conversions .....	0	0
17. Interest and adjustments on contract or deposit-type contract funds .....	0	0
18. Payments on supplementary contracts with life contingencies .....	0	0
19. Increase in aggregate reserves for life and accident and health contracts .....	507,597	0
20. Totals (Lines 10 to 19) .....	7,080,496	0
21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1) .....	2,183,053	0
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1) .....	0	0
23. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Columns 1, 2, 3, 4 and 6) .....	5,156,898	37,736
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5) .....	289,353	45,619
25. Increase in loading on deferred and uncollected premiums .....	61,550	0
26. Net transfers to or (from) Separate Accounts net of reinsurance .....	0	0
27. Aggregate write-ins for deductions .....	50	2,019
28. Totals (Lines 20 to 27) .....	14,771,400	85,374
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28) .....	(6,165,309)	113,066
30. Dividends to policyholders and refunds to members .....	0	0
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30) .....	(6,165,309)	113,066
32. Federal and foreign income taxes incurred (excluding tax on capital gains) .....	(1,223,042)	0
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) .....	(4,942,267)	113,066
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ 0 (excluding taxes of \$ 6 transferred to the IMR) .....	0	0
35. Net income (Line 33 plus Line 34) .....	(4,942,267)	113,066
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2) .....	13,167,533	3,063,104
37. Net income (Line 35) .....	(4,942,267)	113,066
38. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	0	0
39. Change in net unrealized foreign exchange capital gain (loss) .....	0	0
40. Change in net deferred income tax .....	0	0
41. Change in nonadmitted assets .....	(9,012,683)	(8,637)
42. Change in liability for reinsurance in unauthorized and certified companies .....	0	0
43. Change in reserve on account of change in valuation basis (increase) or decrease .....	0	0
44. Change in asset valuation reserve .....	0	0
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Col. 2 minus Col. 1) .....	0	0
46. Surplus (contributed to) withdrawn from Separate Accounts during period .....	0	0
47. Other changes in surplus in Separate Accounts Statement .....	0	0
48. Change in surplus notes .....	0	0
49. Cumulative effect of changes in accounting principles .....	0	0
50. Capital changes:		
50.1 Paid in .....	0	0
50.2 Transferred from surplus (Stock Dividend) .....	0	0
50.3 Transferred to surplus .....	0	0
51. Surplus adjustment:		
51.1 Paid in .....	10,000,000	10,000,000
51.2 Transferred to capital (Stock Dividend) .....	0	0
51.3 Transferred from capital .....	0	0
51.4 Change in surplus as a result of reinsurance .....	0	0
52. Dividends to stockholders .....	0	0
53. Aggregate write-ins for gains and losses in surplus .....	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53) .....	(3,954,950)	10,104,429
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38) .....	9,212,583	13,167,533
<b>DETAILS OF WRITE-INS</b>		
08.301. Interest on Agent's Balances .....	0	0
08.302. Express Scripts Rebates .....	0	0
08.303. Other Miscellaneous Income .....	0	0
08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398)(Line 8.3 above) .....	0	0
2701. Penalties .....	50	2,019
2702. Other Expenses .....	0	0
2703. .....	0	0
2798. Summary of remaining write-ins for Line 27 from overflow page .....	0	0
2799. Totals (Lines 2701 through 2703 plus 2798)(Line 27 above) .....	50	2,019
5301. Other write-ins .....	0	0
5302. .....	0	0
5303. .....	0	0
5398. Summary of remaining write-ins for Line 53 from overflow page .....	0	0
5399. Totals (Lines 5301 through 5303 plus 5398)(Line 53 above) .....	0	0

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	9,200,755	0
2. Net investment income .....	482,411	193,280
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	9,683,166	193,280
5. Benefit and loss related payments .....	4,611,415	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	6,239,697	86,658
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	9,000	(26,654)
10. Total (Lines 5 through 9) .....	10,860,112	60,004
11. Net cash from operations (Line 4 minus Line 10) .....	(1,176,946)	133,276
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	0	0
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	28	0
12.7 Miscellaneous proceeds .....	216	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	244	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	0	0
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	216
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	216
14. Net increase/(decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	244	(216)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	10,000,000	10,000,000
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	(9,015,554)	(5,766)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	984,446	9,994,234
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(192,256)	10,127,294
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	10,402,995	275,701
19.2 End of year (Line 18 plus Line 19.1) .....	10,210,739	10,402,995

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

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**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - SUMMARY**

	1 Total	2 Individual Life	3 Group Life	4 Individual Annuities	5 Group Annuities	6 Accident and Health	7 Fraternal	8 Other Lines of Business	9 YRT Mortality Risk Only
1. Premiums and annuity considerations for life and accident and health contracts	8,118,775	0	0			8,118,775		0	0
2. Considerations for supplementary contracts with life contingencies	0	XXX	XXX			XXX	XXX	XXX	XXX
3. Net investment income	482,731	0	0			482,731		0	0
4. Amortization of Interest Maintenance Reserve (IMR)	4,585	0	0			4,585		0	0
5. Separate Accounts net gain from operations excluding unrealized gains or losses	0	0	0			0	XXX	0	0
6. Commissions and expense allowances on reinsurance ceded	0	0	0			0	XXX	0	0
7. Reserve adjustments on reinsurance ceded	0	0	0			0	XXX	0	0
8. Miscellaneous Income:									
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts	0	0	0			0	XXX	0	0
8.2 Charges and fees for deposit-type contracts	0	0	0			XXX	XXX	0	0
8.3 Aggregate write-ins for miscellaneous income	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 to 8.3)	8,606,091	0	0	0	0	8,606,091	0	0	0
10. Death benefits	0	0	0			XXX	XXX		0
11. Matured endowments (excluding guaranteed annual pure endowments)	0	0	0			XXX	XXX		0
12. Annuity benefits	0	XXX	XXX			XXX	XXX		XXX
13. Disability benefits and benefits under accident and health contracts	6,572,899	0	0			6,572,899	XXX	0	0
14. Coupons, guaranteed annual pure endowments and similar benefits	0	0	0			0	XXX	0	0
15. Surrender benefits and withdrawals for life contracts	0	0	0			XXX	XXX		0
16. Group conversions	0	0	0			0	XXX		0
17. Interest and adjustments on contract or deposit-type contract funds	0	0	0			0	XXX		0
18. Payments on supplementary contracts with life contingencies	0	0	0			XXX	XXX	0	0
19. Increase in aggregate reserves for life and accident and health contracts	507,597	0	0			507,597	XXX	0	0
20. Totals (Lines 10 to 19)	7,080,496	0	0	0	0	7,080,496	XXX	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)	2,183,053					2,183,053	0	0	XXX
22. Commissions and expense allowances on reinsurance assumed	0	0	0			0	XXX	0	0
23. General insurance expenses and fraternal expenses	5,156,898	0	0			5,156,898		0	0
24. Insurance taxes, licenses and fees, excluding federal income taxes	289,353	0	0			289,353		0	0
25. Increase in loading on deferred and uncollected premiums	61,550	0	0			61,550	XXX	0	0
26. Net transfers to or (from) Separate Accounts net of reinsurance	0	0	0			0	XXX		0
27. Aggregate write-ins for deductions	50	0	0	0	0	50	0	0	0
28. Totals (Lines 20 to 27)	14,771,400	0	0	0	0	14,771,400	0	0	0
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)	(6,165,309)	0	0	0	0	(6,165,309)	0	0	0
30. Dividends to policyholders and refunds to members	0	0	0			0	XXX		0
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)	(6,165,309)	0	0	0	0	(6,165,309)	0	0	0
32. Federal income taxes incurred (excluding tax on capital gains)	(1,223,042)	0	0			(1,223,042)		0	0
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	(4,942,267)	0	0	0	0	(4,942,267)	0	0	0
34. Policies/certificates in force end of year	16,820	0	0			16,820	XXX		0
<b>DETAILS OF WRITE-INS</b>									
08.301.									
08.302.									
08.303.									
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	0	0	0	0	0	0	0	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	0	0	0	0	0	0	0	0	0
2701. Penalties	50					50		0	
2702.									
2703.									
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0	0	0	0	0	0	0	0
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)	50	0	0	0	0	50	0	0	0

Analysis of Operations by Lines of Business - Individual Life Insurance  
**N O N E**

Analysis of Operations by Lines of Business - Group Life Insurance  
**N O N E**

Analysis of Operations by Lines of Business - Individual Annuities  
**N O N E**

Analysis of Operations by Lines of Business - Group Annuities  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company  
**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - ACCIDENT AND HEALTH (a)**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
		2 Individual	3 Group										
1. Premiums for accident and health contracts .....	8,118,775			8,118,775									
2. Considerations for supplementary contracts with life contingencies .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Net investment income .....	482,731			482,731									
4. Amortization of Interest Maintenance Reserve (IMR) .....	4,585			4,585									
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....	0												
6. Commissions and expense allowances on reinsurance ceded .....	0												
7. Reserve adjustments on reinsurance ceded .....	0												
8. Miscellaneous Income:													
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....	0												
8.2 Charges and fees for deposit-type contracts .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.3 Aggregate write-ins for miscellaneous income .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 to 8.3) .....	8,606,091	0	0	8,606,091	0	0	0	0	0	0	0	0	0
10. Death benefits .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Matured endowments (excluding guaranteed annual pure endowments) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Annuity benefits .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Disability benefits and benefits under accident and health contracts .....	6,572,899			6,572,899									
14. Coupons, guaranteed annual pure endowments and similar benefits .....	0												
15. Surrender benefits and withdrawals for life contracts .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
16. Group conversions .....	0												
17. Interest and adjustments on contract or deposit-type contract funds .....	0												
18. Payments on supplementary contracts with life contingencies .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
19. Increase in aggregate reserves for life and accident and health contracts .....	507,597			507,597									
20. Totals (Lines 10 to 19) .....	7,080,496	0	0	7,080,496	0	0	0	0	0	0	0	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) .....	2,183,053			2,183,053									
22. Commissions and expense allowances on reinsurance assumed .....	0												
23. General insurance expenses .....	5,156,897			5,156,897									
24. Insurance taxes, licenses and fees, excluding federal income taxes .....	289,353			289,353									
25. Increase in loading on deferred and uncollected premiums .....	61,550			61,550									
26. Net transfers to or (from) Separate Accounts net of reinsurance .....	0												
27. Aggregate write-ins for deductions .....	50	0	0	50	0	0	0	0	0	0	0	0	0
28. Totals (Lines 20 to 27) .....	14,771,399	0	0	14,771,399	0	0	0	0	0	0	0	0	0
29. Net gain from operations before dividends to policyholders, and refunds to members and federal income taxes (Line 9 minus Line 28) .....	(6,165,308)	0	0	(6,165,308)	0	0	0	0	0	0	0	0	0
30. Dividends to policyholders and refunds to members .....	0												
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30) .....	(6,165,308)	0	0	(6,165,308)	0	0	0	0	0	0	0	0	0
32. Federal income taxes incurred (excluding tax on capital gains) .....	(1,223,042)			(1,223,042)									
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) .....	(4,942,266)	0	0	(4,942,266)	0	0	0	0	0	0	0	0	0
34. Policies/certificates in force end of year .....	16,820			16,820									
<b>DETAILS OF WRITE-INS</b>													
08.301. ....													
08.302. ....													
08.303. ....													
08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2701. Penalties .....	.50			.50									
2702. ....													
2703. ....													
2798. Summary of remaining write-ins for Line 27 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above) .....	50	0	0	50	0	0	0	0	0	0	0	0	0

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

Analysis of Increase in Reserves During the Year - Individual Life Insurance  
**N O N E**

Analysis of Increase in Reserves During the Year - Group Life Insurance  
**N O N E**

Analysis of Increase in Reserves During the Year - Individual Annuities  
**N O N E**

Analysis of Increase in Reserves During the Year - Group Annuities  
**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) 19,910	19,947
1.1 Bonds exempt from U.S. tax .....	(a)	.....
1.2 Other bonds (unaffiliated) .....	(a) 29,767	29,775
1.3 Bonds of affiliates .....	(a)	.....
2.1 Preferred stocks (unaffiliated) .....	(b)	.....
2.11 Preferred stocks of affiliates .....	(b)	.....
2.2 Common stocks (unaffiliated) .....	.....	.....
2.21 Common stocks of affiliates .....	.....	.....
3. Mortgage loans .....	(c)	.....
4. Real estate .....	(d)	.....
5. Contract loans .....	.....	.....
6. Cash, cash equivalents and short-term investments .....	(e) 444,072	444,072
7. Derivative instruments .....	(f)	.....
8. Other invested assets .....	.....	.....
9. Aggregate write-ins for investment income .....	1	1
10. Total gross investment income .....	493,750	493,795
11. Investment expenses .....	(g) 11,064	.....
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) 0	.....
13. Interest expense .....	(h)	.....
14. Depreciation on real estate and other invested assets .....	(i)	.....
15. Aggregate write-ins for deductions from investment income .....	0	.....
16. Total deductions (Lines 11 through 15) .....	.....	11,064
17. Net investment income (Line 10 minus Line 16) .....	482,731	.....
<b>DETAILS OF WRITE-INS</b>		
0901. Miscellaneous Investment income .....	1	1
0902. .....	.....	.....
0903. .....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	1	1
1501. .....	.....	.....
1502. .....	.....	.....
1503. .....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15, above) .....	0	0

(a) Includes \$ 587 accrual of discount less \$ 312 amortization of premium and less \$ ..... paid for accrued interest on purchases.

(b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ ..... paid for accrued dividends on purchases.

(c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ ..... paid for accrued interest on purchases.

(d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.

(e) Includes \$ 444,072 accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.

(f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.

(g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.

(h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.

(i) Includes \$ .....0 depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	0	0	0	0	0
1.1 Bonds exempt from U.S. tax .....	0	0	0	0	0
1.2 Other bonds (unaffiliated) .....	0	0	0	0	0
1.3 Bonds of affiliates .....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11 Preferred stocks of affiliates .....	0	0	0	0	0
2.2 Common stocks (unaffiliated) .....	0	0	0	0	0
2.21 Common stocks of affiliates .....	0	0	0	0	0
3. Mortgage loans .....	0	0	0	0	0
4. Real estate .....	0	0	0	0	0
5. Contract loans .....	0	0	0	0	0
6. Cash, cash equivalents and short-term investments .....	28	0	28	0	0
7. Derivative instruments .....	0	0	0	0	0
8. Other invested assets .....	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10. Total capital gains (losses) .....	28	0	28	0	0
<b>DETAILS OF WRITE-INS</b>			.....	.....	.....
0901. .....	.....	.....	.....	.....	.....
0902. .....	.....	.....	.....	.....	.....
0903. .....	.....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company

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

	1 Total	2 Individual Life	3 Group Life	4 Individual Annuities	5 Group Annuities	6 Accident & Health	7 Fraternal	8 Other Lines of Business
<b>FIRST YEAR (other than single)</b>								
1. Uncollected .....	.66,301							.66,301
2. Deferred and accrued .....	0							0
3. Deferred, accrued and uncollected:								
3.1 Direct .....	.66,301							.66,301
3.2 Reinsurance assumed .....	0							0
3.3 Reinsurance ceded .....	0							0
3.4 Net (Line 1 + Line 2) .....	.66,301	0	0	0	0	.66,301	0	0
4. Advance .....	1,148,281							1,148,281
5. Line 3.4 - Line 4 .....	(1,081,980)	0	0	0	0	(1,081,980)	0	0
6. Collected during year:								
6.1 Direct .....	.9,198,918							.9,198,918
6.2 Reinsurance assumed .....	0							0
6.3 Reinsurance ceded .....	0							0
6.4 Net .....	.9,198,918	0	0	0	0	.9,198,918	0	0
7. Line 5 + Line 6.4 .....	.8,116,938	0	0	0	0	.8,116,938	0	0
8. Prior year (uncollected + deferred and accrued - advance) .....	0							
9. First year premiums and considerations:								
9.1 Direct .....	.8,116,939							.8,116,939
9.2 Reinsurance assumed .....	0							0
9.3 Reinsurance ceded .....	0							0
9.4 Net (Line 7 - Line 8) .....	.8,116,939	0	0	0	0	.8,116,939	0	0
<b>SINGLE</b>								
10. Single premiums and considerations:								
10.1 Direct .....	0							
10.2 Reinsurance assumed .....	0							
10.3 Reinsurance ceded .....	0							
10.4 Net .....	0	0	0	0	0	0	0	0
<b>RENEWAL</b>								
11. Uncollected .....	0							0
12. Deferred and accrued .....	(8,465)							(8,465)
13. Deferred, accrued and uncollected:								
13.1 Direct .....	(8,465)							(8,465)
13.2 Reinsurance assumed .....	0							0
13.3 Reinsurance ceded .....	0							0
13.4 Net (Line 11 + Line 12) .....	(8,465)	0	0	0	0	(8,465)	0	0
14. Advance .....	0							0
15. Line 13.4 - Line 14 .....	(8,465)	0	0	0	0	(8,465)	0	0
16. Collected during year:								
16.1 Direct .....	1,836							1,836
16.2 Reinsurance assumed .....	0							0
16.3 Reinsurance ceded .....	0							0
16.4 Net .....	1,836	0	0	0	0	1,836	0	0
17. Line 15 + Line 16.4 .....	(6,629)	0	0	0	0	(6,629)	0	0
18. Prior year (uncollected + deferred and accrued - advance) .....	(8,465)							(8,465)
19. Renewal premiums and considerations:								
19.1 Direct .....	1,836							1,836
19.2 Reinsurance assumed .....	0							0
19.3 Reinsurance ceded .....	0							0
19.4 Net (Line 17 - Line 18) .....	1,836	0	0	0	0	1,836	0	0
<b>TOTAL</b>								
20. Total premiums and annuity considerations:								
20.1 Direct .....	.8,118,775	0	0	0	0	.8,118,775	0	0
20.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4) .....	.8,118,775	0	0	0	0	.8,118,775	0	0

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company

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

	1 Total	2 Individual Life	3 Group Life	4 Individual Annuities	5 Group Annuities	6 Accident & Health	7 Fraternal	8 Other Lines of Business
<b>POLICYHOLDERS' DIVIDENDS, REFUNDS TO MEMBERS AND COUPONS APPLIED (included in Part 1)</b>								
21. To pay renewal premiums .....	0							
22. All other .....	0							
<b>REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED</b>								
23. First year (other than single):								
23.1 Reinsurance ceded .....	0							
23.2 Reinsurance assumed .....	0							
23.3 Net ceded less assumed .....	0	0	0	0	0	0	0	0
24. Single:								
24.1 Reinsurance ceded .....	0							
24.2 Reinsurance assumed .....	0							
24.3 Net ceded less assumed .....	0	0	0	0	0	0	0	0
25. Renewal:								
25.1 Reinsurance ceded .....	0							
25.2 Reinsurance assumed .....	0							
25.3 Net ceded less assumed .....	0	0	0	0	0	0	0	0
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6) .....	0	0	0	0	0	0	0	0
26.2 Reinsurance assumed (Page 6, Line 22) .....	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed .....	0	0	0	0	0	0	0	0
<b>COMMISSIONS INCURRED (direct business only)</b>								
27. First year (other than single) .....	2,156,359					2,156,359		
28. Single .....	0							
29. Renewal .....	26,695					26,695		
30. Deposit-type contract funds .....	0							
31. Totals (to agree with Page 6, Line 21)	2,183,054	0	0	0	0	2,183,054	0	0

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**EXHIBIT 2 - GENERAL EXPENSES**

	Insurance			5	6	7			
	1	Accident and Health							
		2 Life	3 Cost Containment						
1. Rent .....	0	0	20,192	0	0	20,192			
2. Salaries and wages .....	0	0	2,541,121	0	0	2,541,121			
3.11 Contributions for benefit plans for employees .....	0	0	263,767	0	0	263,767			
3.12 Contributions for benefit plans for agents .....	0	0	0	0	0	0			
3.21 Payments to employees under non-funded benefit plans .....	0	0	5,331	0	0	5,331			
3.22 Payments to agents under non-funded benefit plans .....	0	0	0	0	0	0			
3.31 Other employee welfare .....	0	0	2,203	0	0	2,203			
3.32 Other agent welfare .....	0	0	0	0	0	0			
4.1 Legal fees and expenses .....	0	0	0	0	0	0			
4.2 Medical examination fees .....	0	0	287,475	0	0	287,475			
4.3 Inspection report fees .....	0	0	0	0	0	0			
4.4 Fees of public accountants and consulting actuaries .....	0	0	0	0	0	0			
4.5 Expense of investigation and settlement of policy claims .....	0	0	53,181	0	0	53,181			
5.1 Traveling expenses .....	0	0	49,082	0	0	49,082			
5.2 Advertising .....	0	0	194,405	0	0	194,405			
5.3 Postage, express, telegraph and telephone .....	0	0	465,604	0	0	465,604			
5.4 Printing and stationery .....	0	0	105,804	0	0	105,804			
5.5 Cost or depreciation of furniture and equipment .....	0	0	375	0	0	375			
5.6 Rental of equipment .....	0	0	1,844	0	0	1,844			
5.7 Cost or depreciation of EDP equipment and software .....	0	0	21,330	0	0	21,330			
6.1 Books and periodicals .....	0	0	.9	0	0	.9			
6.2 Bureau and association fees .....	0	0	313	0	0	313			
6.3 Insurance, except on real estate .....	0	0	1,087	0	0	1,087			
6.4 Miscellaneous losses .....	0	0	5,291	0	0	5,291			
6.5 Collection and bank service charges .....	0	0	(1,816)	0	0	(1,816)			
6.6 Sundry general expenses .....	0	1,717	37,270	0	0	38,987			
6.7 Group service and administration fees .....	0	0	0	0	0	0			
6.8 Reimbursements by uninsured plans .....	0	0	0	0	0	0			
7.1 Agency expense allowance .....	0	0	222,327	0	0	222,327			
7.2 Agents' balances charged off (less \$ recovered) .....	0	0	.225	0	0	.225			
7.3 Agency conferences other than local meetings .....	0	0	153,978	0	0	153,978			
8.1 Official publication (Fraternal Benefit Societies Only) .....	XXX	XXX	XXX	XXX	XXX	0			
8.2 Expense of supreme lodge meetings (Fraternal Benefit Societies Only) .....	XXX	XXX	XXX	XXX	XXX	0			
9.1 Real estate expenses .....	0	0	0	0	0	0			
9.2 Investment expenses not included elsewhere .....	0	0	0	0	11,064	11,064			
9.3 Aggregate write-ins for expenses .....	0	0	724,784	0	0	724,784			
10. General expenses incurred .....	0	1,717	5,155,181	0	11,064	(b) 0 (a) 5,167,962			
11. General expenses unpaid Dec. 31, prior year .....	0	0	2,952	0	0	2,952			
12. General expenses unpaid Dec. 31, current year .....	0	0	27,849	0	0	27,849			
13. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0	0			
14. Amounts receivable relating to uninsured plans, current year .....	0	0	0	0	0	0			
15. General expenses paid during year (Lines 10+11-12-13-14) .....	0	1,717	5,130,284	0	11,064	0 5,143,065			
<b>DETAILS OF WRITE-INS</b>									
09.301. Consulting .....			101,002	0	0	101,002			
09.302. Marketing .....			518,583	0	0	518,583			
09.303. Purchased Services .....			105,199	0	0	105,199			
09.398. Summary of remaining write-ins for Line 9.3 from overflow page .....	0	0	0	0	0	0			
09.399. Totals (Lines 09.301 through 09.303 plus 09.398) (Line 9.3 above) .....	0	0	724,784	0	0	724,784			

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

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

1. Charitable ..... \$ ..... ; 2. Institutional ..... \$ ..... ; 3. Recreational and Health ..... \$ ..... ; 4. Educational ..... \$ ..... ;  
 5. Religious ..... \$ ..... ; 6. Membership ..... \$ ..... ; 7. Other ..... \$ ..... ; 8. Total ..... \$ ..... 0

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

	Insurance			4	5	6
	1 Life	2 Accident and Health	3 All Other Lines of Business			
1. Real estate taxes .....	0	0	0	0	0	0
2. State insurance department licenses and fees .....	0	4,009	0	0	0	4,009
3. State taxes on premiums .....	0	186,824	0	0	0	186,824
4. Other state taxes, including \$ for employee benefits .....	0	4,740	0	0	0	4,740
5. U.S. Social Security taxes .....	0	93,287	0	0	0	93,287
6. All other taxes .....	0	494	0	0	0	494
7. Taxes, licenses and fees incurred .....	0	289,353	0	0	0	289,353
8. Taxes, licenses and fees unpaid Dec. 31, prior year .....	0	860	0	0	0	860
9. Taxes, licenses and fees unpaid Dec. 31, current year .....	0	168,505	0	0	0	168,505
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9) .....	0	121,708	0	0	0	121,708

**EXHIBIT 4 - DIVIDENDS OR REFUNDS**

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

**NONE**

Exhibit 5 - Aggregate Reserve for Life Contracts

**N O N E**

Exhibit 5 - Interrogatories

**N O N E**

Exhibit 5A - Changes in Bases of Valuation During the Year

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS <sup>(a)</sup>

	1 Total	Comprehensive		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
		2 Individual	3 Group										
<b>ACTIVE LIFE RESERVE</b>													
1. Unearned premium reserves .....	507,597			507,597									
2. Additional contract reserves (b) .....	0												
3. Additional actuarial reserves-Asset/Liability analysis .....	0												
4. Reserve for future contingent benefits .....	0												
5. Reserve for rate credits .....	0												
6. Aggregate write-ins for reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Totals (Gross) .....	507,597	0	0	507,597	0	0	0	0	0	0	0	0	0
8. Reinsurance ceded .....	0												
9. Totals (Net) .....	507,597	0	0	507,597	0	0	0	0	0	0	0	0	0
<b>CLAIM RESERVE</b>													
10. Present value of amounts not yet due on claims .....	0												
11. Additional actuarial reserves-Asset/Liability analysis .....	0												
12. Reserve for future contingent benefits .....	0												
13. Aggregate write-ins for reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Totals (Gross) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Reinsurance ceded .....	0												
16. Totals (Net) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17. TOTAL (Net) .....	507,597	0	0	507,597	0	0	0	0	0	0	0	0	0
<b>TABULAR FUND INTEREST</b>	7,614			7,614									
<b>DETAILS OF WRITE-INS</b>													
0601. ....													
0602. ....													
0603. ....													
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
1301. ....													
1302. ....													
1303. ....													
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company

## EXHIBIT 7 - DEPOSIT TYPE CONTRACTS

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance .....						
2. Deposits received during the year .....						
3. Investment earnings credited to the account .....						
4. Other net change in reserves .....						
5. Fees and other charges assessed .....						
6. Surrender charges .....						
7. Net surrender or withdrawal payments .....						
8. Other net transfers to or (from) Separate Accounts .....						
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) (a)						
10. Reinsurance balance at the beginning of the year .....						
11. Net change in reinsurance assumed .....						
12. Net change in reinsurance ceded .....						
13. Reinsurance balance at the end of the year (Lines 10+11-12) .....						
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)						

NONE

## (a) FHLB Funding Agreements:

1. Reported as GICs (captured in column 2) ..... \$ .....
2. Reported as Annuities Certain (captured in column 3) ..... \$ .....
3. Reported as Supplemental Contracts (captured in column 4) ..... \$ .....
4. Reported as Dividend Accumulations or Refunds (captured in column 5) ..... \$ .....
5. Reported as Premium or Other Deposit Funds (captured in column 6) ..... \$ .....
6. Total Reported as Deposit-Type Contracts (captured in column 1): (Sum of Lines 1 through 5) . \$ .....

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company

**EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS****PART 1 - Liability End of Current Year**

	1 Total	2 Individual Life	3 Group Life	4 Individual Annuities	5 Group Annuities	6 Accident & Health	7 Fraternal	8 Other Lines of Business
1. Due and unpaid:								
1.1 Direct .....	0							
1.2 Reinsurance assumed .....	0							
1.3 Reinsurance ceded .....	0							
1.4 Net .....	0	0	0	0	0	0	0	0
2. In course of settlement:								
2.1 Resisted .....	0							
2.11 Direct .....	0							
2.12 Reinsurance assumed .....	0					0		
2.13 Reinsurance ceded .....	0							
2.14 Net .....	0	(b) 0	(b) 0	(b) 0	0	0	0	0
2.2 Other .....	2.21 Direct .....	98,074				98,074		
	2.22 Reinsurance assumed .....	0						
	2.23 Reinsurance ceded .....	0				0		
	2.24 Net .....	98,074	(b) 0	(b) 0	(b) 0	0	(b) 98,074	0
3. Incurred but unreported:								
3.1 Direct .....	1,863,410					1,863,410		
3.2 Reinsurance assumed .....	0					0		
3.3 Reinsurance ceded .....	0							
3.4 Net .....	1,863,410	(b) 0	(b) 0	(b) 0	0	(b) 1,863,410	0	0
4. TOTALS .....	4.1 Direct .....	1,961,484	0	0	0	1,961,484	0	0
	4.2 Reinsurance assumed .....	0	0	0	0	0	0	0
	4.3 Reinsurance ceded .....	0	0	0	0	0	0	0
	4.4 Net .....	1,961,484	(a) 0	(a) 0	0	0	1,961,484	0

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

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for

Individual Life \$ ..... Group Life \$ ..... , and Individual Annuities \$ .....

are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Accident and Health \$ ..... are included in Page 3, Line 2 (See Exhibit 6, Claim Reserve).

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company

## EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

## PART 2 - Incurred During the Year

	1 Total	2 Individual Life (a)	3 Group Life (b)	4 Individual Annuities	5 Group Annuities	6 Accident & Health	7 Fraternal	8 Other Lines of Business
1. Settlements During the Year:								
1.1 Direct .....	4,611,415	0	0	0	0	4,611,415	0	0
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0
1.4 Net .....	(c) 4,611,415	0	0	0	0	4,611,415	0	0
2. Liability December 31, current year from Part 1:								
2.1 Direct .....	1,961,484	0	0	0	0	1,961,484	0	0
2.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0
2.4 Net .....	1,961,484	0	0	0	0	1,961,484	0	0
3. Amounts recoverable from reinsurers December 31, current year .....	0	0	0	0	0	0	0	0
4. Liability December 31, prior year:								
4.1 Direct .....	0							
4.2 Reinsurance assumed .....	0							
4.3 Reinsurance ceded .....	0							
4.4 Net .....	0	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers December 31, prior year .....	0							
6. Incurred Benefits								
6.1 Direct .....	6,572,899	0	0	0	0	6,572,899	0	0
6.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0
6.4 Net .....	6,572,899	0	0	0	0	6,572,899	0	0

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

\$..... in Line 6.1, and \$ .....0 in Line 6.4.

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

\$..... in Line 6.1, and \$ ..... in Line 6.4.

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

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**EXHIBIT OF NON-ADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset .....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software .....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable .....	8,953,600	0	(8,953,600)
25. Aggregate write-ins for other-than-invested assets .....	67,718	8,637	(59,081)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	9,021,318	8,637	(9,012,681)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
28. Total (Lines 26 and 27)	9,021,318	8,637	(9,012,681)
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501. Other receivables and prepaid expenses .....	67,718	8,637	(59,081)
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	67,718	8,637	(59,081)

## NOTES TO FINANCIAL STATEMENTS

### Note 1 – Summary of Significant Accounting Policies and Going Concern

On January 30, 2024, the Cigna Group entered into a definitive agreement to sell the Medicare Advantage, Medicare Stand-Alone Prescription Drug Plans, Medicare, and Other Supplemental Benefits and CareAllies businesses to Health Care Service Corporation ("HCSC"). The sale is expected to close during the first quarter of 2025, subject to applicable regulatory approvals and other customary closing conditions. Until the deal is closed, the Company and HCSC will continue to operate as separate and independent companies.

#### A. Accounting Practices

The financial statements of Cigna Insurance Company, formerly United Benefit Life Insurance Company, ("CIC" or "the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

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

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

	SSAP #	F/S Page	F/S Line #	2024	2023
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ (4,942,267)	\$ 113,066
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ (4,942,267)	\$ 113,066
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 9,212,583	\$ 13,167,532
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 9,212,583	\$ 13,167,533

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

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

#### C. Accounting Policy

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

The Company uses the following accounting policies:

##### (1)-(2) Basis for Short-Term Investments, Bonds and Amortization

Investments in bonds and short-term investments are carried at amortized cost, except those in or near default that are carried at the lesser of cost or fair value. Amortization of bond premium or discount is calculated using the scientific (constant yield) interest method. Bonds containing call provisions are amortized to call date which produces the lowest asset value (yield to worst). Investments with original maturities of one year or less from the time of purchase are classified as short-term. Bonds are considered impaired and their cost basis is written down to fair value through an asset valuation reserve for credit-related losses or an interest maintenance reserve for interest-related losses, when management expects a decline in value to persist (i.e., the decline is other-than-temporary).

##### (3)-(5) Not Applicable

##### (6) Basis for Loan-Backed Securities and Adjustment Methodology

Loan-backed bonds and structured securities are valued at amortized cost using the constant level yield method. Significant changes in estimated cash flows from the original purchase assumptions are accounted for generally using the retrospective adjustment method. For loan-backed and structured securities that have potential for loss of a significant portion of the original investment, significant changes in estimated cash flows from the original purchase assumptions are accounted for using the prospective method. These securities are presented on the balance sheet as bonds.

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

When the Company determines it does not expect to recover the amortized cost basis of loan-backed or structured securities with declines in fair value (even if it does not intend to sell and has the intent and ability to hold), the non-interest portion of the impairment loss is recognized in realized investment losses. The non-interest portion is the difference between the amortized cost basis of the loan-backed or structured security and the net present value of its expected future cash flows. Expected future cash flows are based on assumptions about the collateral attributes, including prepayment speeds, default rates and changes in value.

##### (7)-(10) Not Applicable

##### (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.

## NOTES TO FINANCIAL STATEMENTS

(12-13) Not Applicable

(14) Income Taxes

The Company is included in the consolidated United States federal income tax return filed by Cigna. Pursuant to the Tax Sharing Agreement with Cigna, federal income taxes are allocated to the Company as if it were filing on a separate return basis. The tax benefit of net operating losses, capital losses and tax credits are funded to the extent they reduce the consolidated federal income tax liability. The Company generally recognizes deferred income taxes when assets and liabilities have different values for financial statement and tax reporting purposes (temporary differences). Limitations of the admitted amount of the deferred tax asset are calculated in accordance with SSAP No. 101, Income Taxes, a Replacement of SSAP 10R and SSAP 10. More detailed information about the Company's income taxes is disclosed in Note 9. The accounting policy election has been made to disregard Corporate Alternative Minimum Tax (CAMT) when evaluating the need for a valuation allowance for the Company's regular deferred tax assets.

D. Going Concern

In accordance with SSAP No. 1, "Accounting Policies, Risks and Uncertainties, and Other Disclosures," management has made an evaluation of the Company's ability to continue as a going concern, including such factors as its current financial position, recent earnings and cash flow trends and projections, liquidity and capital requirements, readily available sources of liquidity and such other factors deemed by management to be appropriate under the circumstances. Management has assessed and concluded that there were no conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern within one year after the date the financial statements are issued. Accordingly, the accompanying financial statements have been prepared on the going concern basis.

**Note 2 – Accounting Changes and Correction of Errors**

Not applicable.

**Note 3 – Business Combinations and Goodwill**

Not applicable.

**Note 4 – Discontinued Operations**

Not applicable.

**Note 5 – Investments**

A. - C. Not applicable.

D. Loan Backed Securities

- (1) Prepayment assumptions for loan-backed and other structured securities were obtained from external financial data sources. These assumptions are consistent with the current interest rate and economic environment.
- (2) The Company had no loan-backed and structured securities with recognized other-than-temporary impairments where the Company had the intent to sell or does not have the intent and ability to retain the investment for a period of time sufficient to recover the amortized cost basis as of December 31, 2024.
- (3) The Company had no loan-backed and structured securities with recognized other-than-temporary impairments where the present value of cash flow expected to be collected is less than the amortized cost basis as of December 31, 2024.
- (4) There were no loan-backed and structured securities with a fair value lower than amortized cost as of December 31, 2024.
- (5) Management reviews loan-backed and structured securities with a decline in fair value from cost for impairment based on criteria that include:
  - Length of time and severity of decline.
  - Financial and specific near term prospects of the issuer.
  - Changes in the regulatory, economic or general market environment of the issuer's industry or geographic region.
  - The Company's intent to sell or the inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost.

E. - K. Not applicable.

L. Restricted Assets

- (1) Restricted Assets (Including Pledged)

## NOTES TO FINANCIAL STATEMENTS

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						
	Current Year					6	7
	1	2	3	4	5		
	Total General Account (G/A)	G/A Supporting S/A Activity (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/(Decrease) (5 minus 6)
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	\$	\$
b. Collateral held under security lending arrangements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	2,779,868				2,779,868	1,780,686	999,182
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets					—		
o. Total Restricted Assets	\$ 2,779,868	\$ —	\$ —	\$ —	\$ 2,779,868	\$ 1,780,686	\$ 999,182

Restricted Asset Category	Current Year			
	8	9	Percentage	
			10	11
	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown	\$	\$	%	%
b. Collateral held under security lending arrangements			%	%
c. Subject to repurchase agreements			%	%
d. Subject to reverse repurchase agreements			%	%
e. Subject to dollar repurchase agreements			%	%
f. Subject to dollar reverse repurchase agreements			%	%
g. Placed under option contracts			%	%
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock			%	%
i. FHLB capital stock			%	%
j. On deposit with states		2,779,868	11.9%	19.5%
k. On deposit with other regulatory bodies			%	%
l. Pledged as collateral to FHLB (including assets backing funding agreements)			%	%
m. Pledged as collateral not captured in other categories			%	%
n. Other restricted assets		—	%	%
o. Total Restricted Assets	\$	\$ 2,779,868	11.9%	19.5%

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

(2)-(4) Not applicable.

M. - Q. Not applicable.

R. Share of Cash Pool by Asset Type

## NOTES TO FINANCIAL STATEMENTS

The Company and other related entities participate in a corporate cash pooling arrangement to manage liquidity and optimize returns. Under NAIC guidance, entities report their entire cash balance in the cash pool as the asset type which represents a majority of the held assets. As of December 31, 2024 the Company's share of the cash pool by asset type were as follows:

December 31, 2024	
Asset Type	Percent Share
(1) Cash	—%
(2) Cash Equivalents	100.0%
(3) Short Term Investments	—%
(4) Total	100.0%

S. Aggregate Collateral Loans by Qualifying Investment Collateral  
Not applicable.

### Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

### Note 7 – Investment Income

A. Due and accrued income is excluded from surplus on the following basis:  
Bonds - If deemed collectible, investment income due and accrued exceeding 90 days past due is non-admitted.

B. No amounts were excluded for the years ended December 31, 2024 and 2023.

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued	Amount
1. Gross	\$ 8,151
2. Nonadmitted	—
3. Admitted	<u><u>\$ 8,151</u></u>

D.-E. Not applicable.

### Note 8 – Derivative Instruments

Not applicable.

### Note 9 – Income Taxes

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

	12/31/2024				12/31/2023				Change	
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total	
(a) Gross Deferred Tax Assets	\$ 2,041,501	\$ —	\$ 2,041,501	\$ 78,475	\$ —	\$ 78,475	\$ 1,963,026	\$ —	\$ 1,963,026	
(b) Statutory Valuation Allowance Adjustments	2,040,206	—	2,040,206	78,301	—	78,301	1,961,905	—	1,961,905	
(c) Adjusted Gross Deferred Tax Assets (1a – 1b)	1,295	—	1,295	174	—	174	1,121	—	1,121	
(d) Deferred Tax Assets Nonadmitted	—	—	—	—	—	—	—	—	—	
(e) Subtotal Net Admitted Deferred Tax Asset (1c – 1d)	1,295	—	1,295	174	—	174	1,121	—	1,121	
(f) Deferred Tax Liabilities	1,295	—	1,295	174	—	174	1,121	—	1,121	
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)(1e – 1f)	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	

The realization of deferred tax assets (DTA) depends on the Company's historical earnings and the generation of future taxable income during the periods in which the temporary differences are deductible. Management may consider the scheduled reversal of deferred tax liabilities (including impact of available carryback and carryforward periods), projected taxable income, and tax planning strategies in making the assessment.

## NOTES TO FINANCIAL STATEMENTS

2.

Admission Calculation Components SSAP No. 101	12/31/2024			12/31/2023			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	—	—	—	—	—	—	—	—	—
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	—	—	—	—	—	—	—	—	—
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	—	—	1,381,888	—	—	1,975,130	—	—	(593,242)
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	1,295	—	1,295	174	—	174	1,121	—	1,121
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.									
Total (2(a) + 2(b) + 2(c))	\$ 1,295	\$ —	\$ 1,295	\$ 174	\$ —	\$ 174	\$ 1,121	\$ —	\$ 1,121

3.

	2024	2023
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	2,675.00%	48,164.00%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above.	\$ 9,212,584	\$ 13,167,533

4.

Impact of Tax Planning Strategies	12/31/2024		12/31/2023		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital
(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.						
1. Adjusted Gross DTAs Amount From Note 9A1(c)	\$ 1,295	\$ —	\$ 174	\$ —	\$ 1,121	\$ —
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	\$ 1,295	\$ —	\$ 174	\$ —	\$ 1,121	\$ —
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes _____ No <u>X</u> _____						

## B. Regarding deferred tax liabilities that are not recognized:

All deferred tax liabilities have been properly recognized.

## C. Current income taxes incurred consist of the following major components:

## NOTES TO FINANCIAL STATEMENTS

	(1) 12/31/2024	(2) 12/31/2023	(3) (Col 1-2)
1. Current Income Tax			
(a) Federal	\$ (1,223,042)	\$ —	\$ (1,223,042)
(b) Foreign	—	—	—
(c) Subtotal (1a+1b)	<u>(1,223,042)</u>	—	(1,223,042)
(d) Federal income tax on net capital gains	6	—	6
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	<u>\$ (1,223,036)</u>	\$ —	\$ (1,223,036)

## NOTES TO FINANCIAL STATEMENTS

	(1) 12/31/2024	(2) 12/31/2023	(3) (Col 1-2) Change
<b>2. Deferred Tax Assets:</b>			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 68,557	\$ —	\$ 68,557
(2) Unearned premium reserve	21,319	—	21,319
(3) Policyholder reserves	—	—	—
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	—	—	—
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables – nonadmitted	1,880,256	—	1,880,256
(11) Net operating loss carry-forward	4,793	4,793	—
(12) Tax credit carry-forward	—	—	—
(13) Other	66,576	73,682	(7,106)
(99) Subtotal (sum of 2a1 through 2a13)	2,041,501	78,475	1,963,026
(b) Statutory valuation allowance adjustment	2,040,206	78,301	1,961,905
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	<u>\$ 1,295</u>	<u>\$ 174</u>	<u>\$ 1,121</u>
(e) Capital:			
(1) Investments	\$ —	\$ —	\$ —
(2) Net capital loss carry-forward	—	—	—
(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	—	—	—
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)	—	—	—
(i) Admitted deferred tax assets (2d + 2h)	<u>\$ 1,295</u>	<u>\$ 174</u>	<u>\$ 1,121</u>
<b>3. Deferred Tax Liabilities:</b>			
(a) Ordinary			
(1) Investments	\$ 297	\$ 174	\$ 123
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	998	—	998
(4) Policyholder reserves	—	—	—
(5) Other	—	—	—
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	<u>\$ 1,295</u>	<u>\$ 174</u>	<u>\$ 1,121</u>
(b) Capital:			
(1) Investments	\$ —	\$ —	\$ —
(2) Real estate	—	—	—
(3) Other	—	—	—
(99) Subtotal (3b1+3b2+3b3)	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>
(c) Deferred tax liabilities (3a99 + 3b99)	<u>\$ 1,295</u>	<u>\$ 174</u>	<u>\$ 1,121</u>
<b>4. Net deferred tax assets/liabilities (2i – 3c)</b>			
	\$ —	\$ —	\$ —

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of non-admitted assets as the Change in Non-admitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement).

## NOTES TO FINANCIAL STATEMENTS

	(1) 12/31/2024	(2) 12/31/2023	(3) (Col 1-2)
Total deferred tax assets	\$ 2,041,501	\$ 78,475	\$ 1,963,026
Total deferred tax liabilities	1,295	174	1,121
Net deferred tax asset (liabilities)	\$ 2,040,206	\$ 78,301	\$ 1,961,905
Statutory valuation allowance adjustment (SVA)	2,040,206	78,301	1,961,905
Net deferred tax asset/ (liabilities) after SVA	<u>\$ —</u>	<u>\$ —</u>	<u>—</u>
Tax effect of unrealized gains/(losses)			—
SVA adjustment allocated to unrealized			—
Other intraperiod allocation of deferred tax movement			—
Change in net deferred income tax [(charge)/benefit]			<u>\$ —</u>

### D. Reconciliation of total statutory income taxes reported to tax at statutory rate:

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes including realized capital gains/losses. The significant items causing this difference are as follows:

	12/31/2024	Effective Tax Rate
Provision computed at statutory rate	\$ (1,294,715)	21.00%
Statutory Valuation Allowance	1,961,905	-31.82%
Change in non-admitted assets	(1,892,663)	30.70%
Fines and Penalties	11	0.00%
Stock options	1,147	-0.02%
IMR	(957)	0.02%
Meals & Entertainment	2,225	-0.04%
Lobbying Expense	10	0.00%
Other, net	1	0.00%
<b>Total</b>	<b>\$ (1,223,036)</b>	<b>19.84%</b>
 Federal income taxes incurred	 \$ (1,223,036)	 19.84%
Change in net deferred income taxes	—	0.00%
<b>Total statutory income taxes</b>	<b>\$ (1,223,036)</b>	<b>19.84%</b>

### E. Carryforwards, recoverable taxes, and Internal Revenue Service (IRS) Code Sec. 6603 deposits:

1. At December 31, 2024 and 2023, the Company has utilized all of its net operating or capital loss carry forwards.
2. Income taxes, ordinary and capital, available for recoupment in the event of future net losses are as follows:

	Ordinary	Capital
2024	\$ —	6
2023	N/A	0
2022	N/A	0

3. Deposits under IRS Code Section 6603 – Not applicable

### F. Consolidated Federal Income Tax Returns

1. The Company Federal Income Tax return is consolidated with Cigna, and the following subsidiaries of Cigna:

## NOTES TO FINANCIAL STATEMENTS

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

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

### G. Federal or Foreign Income Tax Loss Contingencies

1. The statute of limitations for Cigna's consolidated federal income tax returns through 2016 have closed. The statute of limitation for Cigna's 2020 tax return has also closed. However, Cigna filed amended returns for both the 2015 and 2016 tax years, which are under review by the IRS. Additionally, the IRS is currently examining Cigna's returns for 2017 through 2018. No material impacts are anticipated for the Company.
2. In management's opinion, the Company has adequate tax liabilities to address potential exposures involving tax positions the Company has taken that may be challenged by the IRS upon audit. These liabilities could be revised in the near term if estimates of the Company's ultimate liability change as a result of new developments or a change in circumstances. No material contingent tax liability is included in the Company's current federal income tax payable. The Company does not expect a significant increase in federal or foreign contingent tax liability within the next twelve months.
3. The Company is an applicable reporting entity with tax allocation agreement exclusion for Corporate Alternative Minimum Tax purposes.

## NOTES TO FINANCIAL STATEMENTS

### **H. Repatriation Transition Tax (RTT) – Not applicable**

### **I. Alternative Minimum Tax (AMT) Credit – Not applicable**

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

#### **A. - C. Nature of the Relationship Involved**

On December 30, 2024, the Company received a capital contribution of \$10,000,000, from its parent, Provident American Life and Health Insurance Company ("PALHIC").

On September 30, 2023, the Company received a capital contribution of \$10,000,000, from its parent, Provident American Life and Health Insurance Company ("PALHIC").

On February 19, 2013, the Company entered into a line of credit agreement with Cigna Holdings, Inc. ("CHI") under which CIC can borrow up to \$10,000,000 from CHI. The agreement provides for two rate/maturity options; a) a variable rate payable on demand or b) a fixed rate with a stated maturity not to exceed 270 days. There were no amounts outstanding at December 31, 2024, and borrowings during the year were not material.

On February 19, 2013, the Company also entered into a line of credit agreement with The Cigna Group ("Cigna") under which Cigna can borrow up to \$10,000,000 from CIC. Borrowing terms under this agreement are identical to the terms under the CIC/CHI agreement discussed above. Cigna did not borrow under this agreement in 2024.

#### **D. Amounts Due From or To Related Parties**

At December 31, 2024, the Company reported \$12,950 as amounts due from affiliated companies and \$1,213,733 due to affiliated companies. The terms of the agreements require that these amounts be settled within 90 days.

#### **E. Guarantees or Undertakings**

Not Applicable

#### **F. Material Management or Service Contracts and Cost-Sharing Arrangements**

- (1) The Company and certain related parties have entered into service contracts and cost-sharing arrangements, including an expense sharing agreement in which the parties share expenses for certain shared services. These arrangements include providing or being provided with management services, computers, data processing and other services, as well as equipment, supplies and office space. Expenses incurred under these arrangements were \$4,830,330 in 2024 and \$20,041 in 2023.
- (2) The Company's investment portfolio is managed by Cigna Investments, Inc. ("CII"). The company paid CII \$9,385 and \$6,654 in 2024 and 2023, related to those services.
- (3) Salaried officers and other key employees of the Company are eligible to be awarded shares of Cigna Common Stock in the form of stock options, restricted stock grants, dividend equivalent rights and grants of Cigna Common Stock in lieu of cash payable under various plans. Costs allocated to the Company for the awards \$1,520 and \$0 in 2024 and 2023.
- (4) The Company is party to Cigna's Consolidated State Tax Agreement (the State TSA). The State TSA sets forth the method of allocation of Cigna's state income taxes for state or local returns filed on a consolidated, combined or unitary basis to its wholly-owned domestic subsidiaries, including the Company.

#### **G. Nature of the Control Relationship**

All of the Company's outstanding shares are owned by Provident American Life & Health Insurance Company, an Ohio domiciled insurance company, whose ultimate parent is The Cigna Group, a Delaware domiciled insurance holding company.

#### **H. - O. Not applicable.**

### **Note 11 – Debt**

Not applicable.

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

#### **A. - F. Not applicable.**

#### **G. Consolidated/Holding Company Plans**

##### **(1) Employees' Retirement Plan:**

- (a) Effective January 1, 2013, the Company participates in the Cigna 401(k) Plan (the Savings Plan) that is sponsored by Cigna. Employees are eligible to participate in the Savings Plan immediately upon hire; however, a one-year service requirement must be met to receive company contributions. Expense allocated to the Company was \$64,714 in 2024.

##### **(2) Deferred Compensation Plans:**

Not applicable.

##### **(3) Post Retirement Benefits - Not applicable**

#### **H. Postemployment Benefits and Compensated Absences**

The Company accrues obligations for post employment benefits and compensated absences in accordance with SSAP No. 11.

#### **I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)**

##### **(1) Recognition of the Existence of the Act**

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

## NOTES TO FINANCIAL STATEMENTS

- (2) Effects of the Subsidy in Measuring the Net Postretirement Benefit Cost  
The Medicare Modernization Act had no impact on the Company's postretirement benefits.
- (3) Disclosure of Gross Benefit Payments  
Not Applicable.

### **Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations**

A. Number of Share and Par or State Value of Each Class

The Company has 1,000 shares authorized and 1,000 shares issued and outstanding. All shares are class A shares.

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

Not applicable

C. Dividend Restrictions

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

D. Dates and Amounts of Dividends Paid

The Company did not pay dividends in 2024.

E. Profits that may be Paid as Ordinary Dividends to Stockholders

The amount available to dividend in 2025 without prior approval of the Ohio Department of Insurance is \$0 based on earned surplus.

F -M Not applicable.

### **Note 14 – Liabilities, Contingencies and Assessments**

A. Not applicable.

B. Assessments

(1) Assessments Where Amount is Known or Unknown

The Company operates in a regulatory environment that may result in it being assessed by various state insurance guaranty funds to help pay for the cost of other insurance company insolvencies. These assessments are generally recoverable in most states over a 3 to 10 year period through reduction in future premium tax liabilities. The Company periodically adjusts its accrual for future assessments utilizing information provided by the National Organization of Life and Health Insurance Guaranty Associations. At December 31, 2024, the Company had no liability for future assessments.

(2)-(3) Not applicable.

C. - E. Not applicable.

F. All Other Contingencies

Other Legal Matters

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

Any disputed tax matters arising from audits by the Internal Revenue Service or other taxing authorities, including those resulting in litigation, are accounted for under the NAIC's accounting guidance for tax loss contingencies.

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

### **Note 15 – Leases**

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

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

## NOTES TO FINANCIAL STATEMENTS

Not applicable.

### Note 20 – Fair Value Measurements

#### A. Fair Value Measurements

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

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

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

- (1) Fair Value Measurements at Reporting Date  
None.
- (2) Fair Value Measurements in Level 3 of the Fair Value Hierarchy  
None.
- (3) Level 3 Transfers  
None.
- (4) Valuation Techniques and Inputs  
Refer to section C for the Company's valuation techniques and inputs.

#### B. Other Fair Value Disclosures

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

#### C. Aggregate Fair Value of All Financial Instruments

The following tables provide the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of December 31, 2024 and December 31, 2023.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
<b>December 31, 2024</b>							
Bonds	\$ 2,584,940	\$ 2,779,867	\$ 2,584,940	\$	\$	\$	\$
Cash, Cash Equivalents, and Short-term Investments	\$ 10,210,739	\$ 10,210,739	\$ 208,984	\$ 10,001,754	\$	\$	\$
<b>December 31, 2023</b>							
Bonds	\$ 2,552,413	\$ 2,779,592	\$ 2,552,413	\$	\$	\$	\$
Cash, Cash Equivalents, and Short-term Investments	\$ 10,402,995	\$ 10,402,995	\$ 53,558	\$ 10,349,437	\$	\$	\$

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

#### Bonds

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

#### Cash, Cash Equivalents and Short-Term Investments

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

#### D. Disclosures about Financial Instruments Not Practicable to Estimate Fair Value

None.

#### E. Investments Measured Using the NAV Practical Expendient

None.

## NOTES TO FINANCIAL STATEMENTS

### Note 21 – Other Items

A. - B. Not applicable.

C. Other Disclosures  
Assets in the amount of \$2,779,868 and \$1,780,686 at December 31, 2024 and 2023, respectively, were on deposit with government authorities or trustees as required by law or in accordance with the terms of various reinsurance agreements.

D. - I. Not applicable.

J. Reporting Net Negative (Disallowed) Interest Maintenance Reserve (IMR)  
The Company does not admit negative (Disallowed) IMR.

### Note 22 – Events Subsequent

Management has evaluated the financial statements for subsequent events through February 28, 2025, the date financial statements were available to be issued.

### Note 23 – Reinsurance

A. Ceded Reinsurance Report

#### Section 1 – General Interrogatories

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

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

#### Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes [ ] No [X]  
a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$  
b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$

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

#### Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? Yes [ ] No [X]  
If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$

B - H Not applicable.

### Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable.

### Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

Not applicable.

### Note 26 – Intercompany Pooling Arrangements

Not applicable.

### Note 27 – Structured Settlements

Not applicable.

### Note 28 – Health Care Receivables

Not applicable.

### Note 29 – Participating Policies

Not applicable.

### Note 30 – Premium Deficiency Reserves

Not applicable.

## NOTES TO FINANCIAL STATEMENTS

### **Note 31 – Reserves for Life Contracts and Annuity Contracts**

Not applicable.

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

Not applicable.

### **Note 33 – Analysis of Life Actuarial Reserves by Withdrawal Characteristics**

Not applicable.

### **Note 34 – Premium and Annuity Considerations Deferred and Uncollected**

Not applicable

### **Note 35 – Separate Accounts**

Not applicable.

### **Note 36 – Loss/Claim Adjustment Expenses**

At December 31, 2024 and December 31, 2023, reserves for LAE totaled \$26,714 and 0.

The Company incurred \$72,292 and paid \$45,578 of loss adjustment expenses in the current year of which 0 of the paid amount was attributable to insured events of prior years.

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

Not applicable.

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**  
**GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....  Yes [ X ]  No [ ]  
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....  Yes [ X ]  No [ ]  N/A [ ]

1.3 State Regulating? .....  OH

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? .....  Yes [ X ]  No [ ]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .....  0001739940

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....  Yes [ ]  No [ X ]

2.2 If yes, date of change: .....

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....  12/31/2023

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .....  12/31/2018

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .....  05/01/2020

3.4 By what department or departments?  
 Ohio Department of Insurance .....

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....  Yes [ ]  No [ ]  N/A [ X ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? .....  Yes [ ]  No [ ]  N/A [ X ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.11 sales of new business? .....  Yes [ ]  No [ X ]  
 4.12 renewals? .....  Yes [ ]  No [ X ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.21 sales of new business? .....  Yes [ ]  No [ X ]  
 4.22 renewals? .....  Yes [ ]  No [ X ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....  Yes [ ]  No [ X ]  
 If yes, complete and file the merger history data file with the NAIC.

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

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....  Yes [ ]  No [ X ]

6.2 If yes, give full information  
 .....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....  Yes [ ]  No [ X ]

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

1 Nationality	2 Type of Entity
.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**GENERAL INTERROGATORIES**

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]

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

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]

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

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

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? ..... Yes [ ] No [ X ]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... Yes [ ] No [ ] N/A [ X ]

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

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

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

Yes [ ] No [ X ]

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

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]

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

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ ] No [ X ] N/A [ ]

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

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

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

Daniel E. Paffumi, FSA, MAAA, Appointed Actuary, 500 Great Circle Road, Nashville, TX 37228 .....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]

12.11 Name of real estate holding company ...

12.12 Number of parcels involved .....

12.13 Total book/adjusted carrying value .....

\$ .....

12.2 If yes, provide explanation

**13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

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

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

Yes [ ] No [ ]

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

Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]

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

Yes [ X ] No [ ]

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

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

c. Compliance with applicable governmental laws, rules and regulations;

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

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is No, please explain:

14.2 Has the code of ethics for senior managers been amended? .....

Yes [ X ] No [ ]

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

All employees of Cigna Corporation and its subsidiaries, including senior managers, are subject to the same code of ethics. The code has been amended from time to time to enhance clarity and relevance. There is no separate code for senior managers.

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

Yes [ ] No [ X ]

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

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**GENERAL INTERROGATORIES**

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....	\$ ..... 0
20.12 To stockholders not officers.....	\$ ..... 0
20.13 Trustees, supreme or grand (Fraternal Only) .....	\$ ..... 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....	\$ ..... 0
20.22 To stockholders not officers.....	\$ ..... 0
20.23 Trustees, supreme or grand (Fraternal Only) .....	\$ ..... 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]

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

21.21 Rented from others.....	\$ ..... 0
21.22 Borrowed from others.....	\$ ..... 0
21.23 Leased from others .....	\$ ..... 0
21.24 Other .....	\$ ..... 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ .....	\$ ..... 0
22.22 Amount paid as expenses .....	\$ ..... 0
22.23 Other amounts paid .....	\$ ..... 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ X ] No [ ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ ..... 0

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... Yes [ ] No [ X ]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

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

**INVESTMENT**

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

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**GENERAL INTERROGATORIES**

25.02 If no, give full and complete information, relating thereto

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

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

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

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

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

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

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

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .... \$ ..... 0  
 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .... \$ ..... 0  
 25.093 Total payable for securities lending reported on the liability page .... \$ ..... 0

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

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

26.21 Subject to repurchase agreements .....	\$ ..... 0
26.22 Subject to reverse repurchase agreements .....	\$ ..... 0
26.23 Subject to dollar repurchase agreements .....	\$ ..... 0
26.24 Subject to reverse dollar repurchase agreements .....	\$ ..... 0
26.25 Placed under option agreements .....	\$ ..... 0
26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....	\$ ..... 0
26.27 FHLB Capital Stock .....	\$ ..... 0
26.28 On deposit with states .....	\$ ..... 2,779,868
26.29 On deposit with other regulatory bodies .....	\$ ..... 0
26.30 Pledged as collateral - excluding collateral pledged to an FHLB .....	\$ ..... 0
26.31 Pledged as collateral to FHLB - including assets backing funding agreements .....	\$ ..... 0
26.32 Other .....	\$ ..... 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

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

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

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

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

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

27.41 Special accounting provision of SSAP No. 108 .....	Yes [ ] No [ ]
27.42 Permitted accounting practice .....	Yes [ ] No [ ]
27.43 Other accounting guidance .....	Yes [ ] No [ ]

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

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

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

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

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

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

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

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**GENERAL INTERROGATORIES**

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

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

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

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

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

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

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

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

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

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

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

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

30.2 If yes, complete the following schedule:

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

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

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

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**GENERAL INTERROGATORIES**

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	12,781,622	12,586,694	(194,928)
31.2 Preferred stocks .....	0	0	0
31.3 Totals .....	12,781,622	12,586,694	(194,928)

31.4 Describe the sources or methods utilized in determining the fair values:

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

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

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

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

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

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

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

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:  
 a. The security was either:  
 i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or  
 ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").  
 b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.  
 c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.  
 d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.  
 Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? ..... Yes [ ] No [ X ]

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

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

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**GENERAL INTERROGATORIES**

38.1 Does the reporting entity directly hold cryptocurrencies? ..... Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported?  
.....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? ..... Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?  
39.21 Held directly ..... Yes [ ] No [ ]  
39.22 Immediately converted to U.S. dollars ..... Yes [ ] No [ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums
.....	.....	.....

**OTHER**

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? ..... \$ ..... 0

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

1 Name	2 Amount Paid
.....	.....

41.1 Amount of payments for legal expenses, if any? ..... \$ ..... 0

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

1 Name	2 Amount Paid
.....	.....

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? ..... \$ ..... 0

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

1 Name	2 Amount Paid
.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**GENERAL INTERROGATORIES**

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

**Life, Accident and Health Companies/Fraternal Benefit Societies:**

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

1.2 If yes, indicate premium earned on U.S. business only. ..... \$ ..... 7,611,178

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ ..... 0

1.31 Reason for excluding:  
.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. ..... \$ ..... 0

1.5 Indicate total incurred claims on all Medicare Supplement insurance. ..... \$ ..... 6,572,888

1.6 Individual policies:  
Most current three years:  
1.61 Total premium earned ..... \$ ..... 7,611,178  
1.62 Total incurred claims ..... \$ ..... 6,572,888  
1.63 Number of covered lives ..... 16,820

All years prior to most current three years:  
1.64 Total premium earned ..... \$ ..... 0  
1.65 Total incurred claims ..... \$ ..... 0  
1.66 Number of covered lives ..... 0

1.7 Group policies:  
Most current three years:  
1.71 Total premium earned ..... \$ ..... 0  
1.72 Total incurred claims ..... \$ ..... 0  
1.73 Number of covered lives ..... 0

All years prior to most current three years:  
1.74 Total premium earned ..... \$ ..... 0  
1.75 Total incurred claims ..... \$ ..... 0  
1.76 Number of covered lives ..... 0

2. Health Test:

	<b>1</b>	<b>2</b>
	Current Year	Prior Year
2.1 Premium Numerator	8,118,775	.....
2.2 Premium Denominator	8,118,775	.....
2.3 Premium Ratio (2.1/2.2)	1.000	0.000
2.4 Reserve Numerator	2,469,081	.....
2.5 Reserve Denominator	2,469,081	.....
2.6 Reserve Ratio (2.4/2.5)	1.000	0.000

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

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

3.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? ..... \$ ..... 0

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

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

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

3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"? ..... \$ ..... 0

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

4.1 Amount of loss reserves established by these annuities during the current year: ..... \$ ..... 0

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

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

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**GENERAL INTERROGATORIES**

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

5.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

5.2 If yes, please provide the amount of custodial funds held as of the reporting date. ..... \$ ..... 0

5.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

5.4 If yes, please provide the balance of funds administered as of the reporting date. ..... \$ ..... 0

6.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ ] N/A [ X ]

6.2 If the answer to 6.1 is yes, please provide the following:

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

7. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

7.1 Direct Premium Written	.....	\$ ..... 0
7.2 Total Incurred Claims	.....	\$ ..... 0
7.3 Number of Covered Lives	.....	.....

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

8. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]

8.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

9. Reporting entities admitting net negative (disallowed) interest maintenance reserve (IMR) attest to the following:

- Fixed income investments generating IMR losses comply with the reporting entity's documented investment or liability management policies.
- IMR losses for fixed income related derivatives are all in accordance with prudent and documented risk management procedures, in accordance with a reporting entity's derivative use plans and reflect symmetry with historical treatment in which unrealized derivative gains were reversed to IMR and amortized in lieu of being recognized as realized gains upon derivative termination.
- Any deviation to (a) was either because of a temporary and transitory timing issue or related to a specific event, such as a reinsurance transaction, that mechanically made the cause of IMR losses not reflective of reinvestment activities.
- Asset sales that were generating admitted negative IMR were not compelled by liquidity pressures (e.g., to fund significant cash outflows including, but not limited to excess withdrawals and collateral calls).

Is the reporting entity admitting net negative (disallowed) IMR in accordance with these criteria? ..... Yes [ ] No [ X ] N/A [ ]

10. Provide the current-year amounts at risk for the following categories.

Individual and Industrial Life	Amount at Risk
10.01 Modified Coinsurance Assumed Reserves	\$ ..... 0
10.02 Modified Coinsurance Ceded Reserves	\$ ..... 0

Individual and Industrial Life Policies With Pricing Flexibility	Amount at Risk
10.03 Net Amount (Direct + Assumed - Ceded) in Force	\$ ..... 0
10.04 Exhibit 5 Life Reserves (Direct + Assumed - Ceded)	\$ ..... 0
10.05 Separate Account Exhibit 3 Life Reserves (Direct + Assumed - Ceded)	\$ ..... 0
10.06 Net Modified Coinsurance Reserves (Assumed - Ceded)	\$ ..... 0
10.07 Life Reserves (10.04 + 10.05 + 10.06)	\$ ..... 0
10.08 Life Net Amount at Risk (10.03 - 10.07)	\$ ..... 0

Individual and Industrial Term Life Policies Without Pricing Flexibility	Amount at Risk
10.09 Net Amount (Direct + Assumed - Ceded) in Force	\$ ..... 0
10.10 Exhibit 5 Life Reserves (Direct + Assumed - Ceded)	\$ ..... 0
10.11 Separate Account Exhibit 3 Life Reserves (Direct + Assumed - Ceded)	\$ ..... 0
10.12 Net Modified Coinsurance Reserves (Assumed - Ceded)	\$ ..... 0
10.13 Life Reserves (10.10 + 10.11 + 10.12)	\$ ..... 0
10.14 Life Net Amount at Risk (10.09 - 10.13)	\$ ..... 0

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**GENERAL INTERROGATORIES**

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

<u>Group and Credit Life (Excluding FEGLI/SGLI)</u>		Amount at Risk
10.15	Modified Coinsurance Assumed Reserves .....	\$ .....
10.16	Modified Coinsurance Ceded Reserves .....	\$ .....
<u>Group and Credit Term Life (Excluding FEGLI/SGLI) with Remaining Rate Terms 36 Months and Under</u>		Amount of Risk
10.17	Net Amount (Direct + Assumed - Ceded) in Force .....	\$ .....
10.18	Exhibit 5 Life Reserves (Direct + Assumed - Ceded) .....	\$ .....
10.19	Separate Account Exhibit 3 Life Reserves (Direct + Assumed - Ceded) .....	\$ .....
10.20	Net Modified Coinsurance Reserves (Assumed - Ceded) .....	\$ .....
10.21	Life Reserves (10.18 + 10.19 + 10.20) .....	\$ .....
10.22	Life Net Amount at Risk (10.17 - 10.21) .....	\$ .....
<u>Group and Credit Term Life (Excluding FEGLI/SGLI) with Remaining Rate Terms Over 36 Months</u>		Amount of Risk
10.23	Net Amount (Direct + Assumed - Ceded) in Force .....	\$ .....
10.24	Exhibit 5 Life Reserves (Direct + Assumed - Ceded) .....	\$ .....
10.25	Separate Account Exhibit 3 Life Reserves (Direct + Assumed - Ceded) .....	\$ .....
10.26	Net Modified Coinsurance Reserves (Assumed - Ceded) .....	\$ .....
10.27	Life Reserves (10.24 + 10.25 + 10.26) .....	\$ .....
10.28	Life Net Amount at Risk (10.23 - 10.27) .....	\$ .....
<u>Group and Credit Permanent Life (Excluding FEGLI/SGLI) with Pricing Flexibility</u>		Amount of Risk
10.29	Net Amount (Direct + Assumed - Ceded) in Force .....	\$ .....
10.30	Exhibit 5 Life Reserves (Direct + Assumed - Ceded) .....	\$ .....
10.31	Separate Account Exhibit 3 Life Reserves (Direct + Assumed - Ceded) .....	\$ .....
10.32	Net Modified Coinsurance Reserves (Assumed - Ceded) .....	\$ .....
10.33	Life Reserves (10.30 + 10.31 + 10.32) .....	\$ .....
10.34	Life Net Amount at Risk (10.29 - 10.33) .....	\$ .....

**Life, Accident and Health Companies Only:**

11.1	Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]	
11.2	Net reimbursement of such expenses between reporting entities:		
	11.21 Paid .....	\$ ..... 4,825,826	
	11.22 Received.....	\$ ..... 0	
12.1	Does the reporting entity write any guaranteed interest contracts? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
12.2	If yes, what amount pertaining to these lines is included in:		
	12.21 Page 3, Line 1 .....	\$ ..... 0	
	12.22 Page 4, Line 1 .....	\$ ..... 0	
13.	For stock reporting entities only:		
13.1	Total amount paid in by stockholders as surplus funds since organization of the reporting entity: .....	\$ ..... 38,820,665	
14.	Total dividends paid stockholders since organization of the reporting entity:		
	14.11 Cash .....	\$ ..... 1,505,235	
	14.12 Stock .....	\$ ..... 284,132	
15.1	Does the reporting entity reinsure any Workers' Compensation Carve-Out business defined as: .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
	Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.		
15.2	If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement? .....	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
15.3	If 15.1 is yes, the amounts of earned premiums and claims incurred in this statement are:		
	1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
15.31	Earned premium .....	0 .....	0 .....
15.32	Paid claims .....	0 .....	0 .....
15.33	Claim liability and reserve (beginning of year) .....	.....	0 .....
15.34	Claim liability and reserve (end of year) .....	0 .....	0 .....
15.35	Incurred claims .....	0 .....	0 .....

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**GENERAL INTERROGATORIES**

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

15.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 15.31 and 15.34 for Column (1) are:

	Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
15.41	<\$25,000	0	0
15.42	\$25,000 - 99,999	0	0
15.43	\$100,000 - 249,999	0	0
15.44	\$250,000 - 999,999	0	0
15.45	\$1,000,000 or more	0	0

15.5 What portion of earned premium reported in 15.31, Column 1 was assumed from pools? ..... \$ ..... 0

**Fraternal Benefit Societies Only:**

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

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

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

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

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

20.2 When was the last regular meeting of the governing body held? .....  
.....

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

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

20.5 How many of the same were delegates of the subordinate branches? .....  
.....

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

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

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

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

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

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

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

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

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

29. What proportion of first and subsequent year's payments may be used for management expenses?  
29.11 First Year ..... %  
29.12 Subsequent Years ..... %

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

30.2 If so, what amount and for what purpose? ..... \$ .....  
.....

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

31.2 If yes, at what age does the benefit commence? .....  
.....

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

32.2 If yes, when? .....  
.....

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

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

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

34.3 If yes, explain .....  
.....

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

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

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

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

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

Date	Outstanding Lien Amount
.....	.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company

**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

\$000 omitted for amounts of life insurance

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>Life Insurance in Force</b> (Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Col. 4) .....					
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4) .....	0	0	0	0	0
3. Credit life (Line 21, Col. 6) .....			0		0
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4) .....	0	0	0	0	0
5. Industrial (Line 21, Col. 2) .....			0		0
6. FEGLI/SGLI (Lines 43 & 44, Col. 4) .....	0	0	0	0	0
7. Total (Line 21, Col. 10) .....	0	0	0	0	0
7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated .....					
<b>New Business Issued</b> (Exhibit of Life Insurance)					
8. Ordinary - whole life and endowment (Line 34, Col. 2) .....					
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2) .....	0	0	0	0	0
10. Credit life (Line 2, Col. 6) .....			0		0
11. Group (Line 2, Col. 9) .....			0		0
12. Industrial (Line 2, Col. 2) .....			0		0
13. Total (Line 2, Col. 10) .....	0	0	0	0	0
<b>Premium Income - Lines of Business</b> (Exhibit 1 - Part 1)					
14. Individual life (Line 20.4, Col. 2) .....	0				
15. Group life (Line 20.4, Col. 3) .....	0				
16. Individual annuities (Line 20.4, Col. 4) .....	0				
17. Group annuities (Line 20.4, Col. 5) .....	0				
18. Accident & Health (Line 20.4, Col. 6) .....	8,118,775		0	0	0
19. Other lines of business (Line 20.4, Col. 8) .....	0				
20. Total .....	8,118,775	0	0	0	0
<b>Balance Sheet (Pages 2 &amp; 3)</b>					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3) .....	14,248,494	13,190,909	3,089,825	3,096,707	3,112,054
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26) .....	5,035,911	23,376	26,721	31,324	37,673
23. Aggregate life reserves (Page 3, Line 1) .....	0	0	0	0	0
23.1 Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1 .....					
24. Aggregate A & H reserves (Page 3, Line 2) .....	507,597	0	0	0	0
25. Deposit-type contract funds (Page 3, Line 3) .....	0	0			
26. Asset valuation reserve (Page 3, Line 24.01) .....	0	0	0	0	205
27. Capital (Page 3, Lines 29 and 30) .....	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
28. Surplus (Page 3, Line 37) .....	7,712,583	11,667,533	1,563,104	1,565,383	1,574,381
<b>Cash Flow (Page 5)</b>					
29. Net Cash from Operations (Line 11) .....	(1,176,946)	133,276	(232)	(5,770)	(6,812)
<b>Risk-Based Capital Analysis</b>					
30. Total adjusted capital .....	9,212,584	13,167,533	3,063,104	3,065,383	3,074,586
31. Authorized control level risk - based capital .....	344,434	27,339	10,202	10,437	10,919
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b> (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1) .....	21.4	21.1	91.0	83.8	84.0
33. Stocks (Lines 2.1 and 2.2) .....	0.0	0.0	0.0	0.0	0.0
34. Mortgage loans on real estate(Lines 3.1 and 3.2 ) .....	0.0	0.0	0.0	0.0	0.0
35. Real estate (Lines 4.1, 4.2 and 4.3) .....	0.0	0.0	0.0	0.0	0.0
36. Cash, cash equivalents and short-term investments (Line 5) .....	78.6	78.9	9.0	16.2	16.0
37. Contract loans (Line 6) .....	0.0	0.0	0.0	0.0	0.0
38. Derivatives (Page 2, Line 7) .....	0.0	0.0	0.0	0.0	0.0
39. Other invested assets (Line 8) .....	0.0	0.0	0.0	0.0	0.0
40. Receivables for securities (Line 9) .....	0.0	0.0	0.0	0.0	0.0
41. Securities lending reinvested collateral assets (Line 10) .....	0.0	0.0	0.0	0.0	0.0
42. Aggregate write-ins for invested assets (Line 11) .....	0.0	0.0	0.0	0.0	0.0
43. Cash, cash equivalents and invested assets (Line 12) .....	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
44. Affiliated bonds (Schedule D Summary, Line 12, Col. 1) .....					
45. Affiliated preferred stocks (Schedule D Summary, Line 18, Col. 1) .....				0	0
46. Affiliated common stocks (Schedule D Summary Line 24, Col. 1), .....				0	0
47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....			0	0	0
48. Affiliated mortgage loans on real estate .....					
49. All other affiliated .....					
50. Total of above Lines 44 to 49 .....	0	0	0	0	0
51. Total Investment in Parent included in Lines 44 to 49 above .....					

## ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company

## FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>Total Nonadmitted and Admitted Assets</b>					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	9,021,318	8,637	0	0	0
53. Total admitted assets (Page 2, Line 28, Col. 3) .....	14,248,494	13,190,909	3,089,825	3,096,707	3,112,054
<b>Investment Data</b>					
54. Net investment income (Exhibit of Net Investment Income).....	482,731	193,508	38,636	40,513	49,133
55. Realized capital gains (losses) (Page 4, Line 34, Column 1) .....	0	0			
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1) .....	0	0			
57. Total of above Lines 54, 55 and 56 .....	482,731	193,508	38,636	40,513	49,133
<b>Benefits and Reserve Increases (Page 6)</b>					
58. Total contract/certificate benefits - life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11, 12, 13, 14 and 15, Cols. 6, 7 and 8) .....	0	0	0	0	0
59. Total contract/certificate benefits - A & H (Lines 13 & 14, Col. 6) .....	6,572,899	0	0	0	0
60. Increase in life reserves - other than group and annuities (Line 19, Col. 2) .....	0	0	0	0	0
61. Increase in A & H reserves (Line 19, Col. 6) .....	507,597				
62. Dividends to policyholders and refunds to members (Line 30, Col. 1) .....	0	0	0	0	0
<b>Operating Percentages</b>					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6)/(Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.0 .....	90.4	0.0	0.0	0.0	0.0
64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.0 .....	0.0	0.0	0.0	0.0	0.0
65. A & H loss percent (Schedule H, Part 1, Lines 5 and 6, Col. 2) .....	86.4	0.0	0.0	0.0	0.0
66. A & H cost containment percent (Schedule H, Pt. 1, Line 4, Col. 2) .....	0.0		0.0		0.0
67. A & H expense percent excluding cost containment expenses (Schedule H, Pt. 1, Line 10, Col. 2) .....	100.2		0.0		0.0
<b>A &amp; H Claim Reserve Adequacy</b>					
68. Incurred losses on prior years' claims - comprehensive group health (Sch. H, Part 3, Line 3.1 Col. 3) .....	0			XXX	XXX
69. Prior years' claim liability and reserve - comprehensive group health (Sch. H, Part 3, Line 3.2 Col. 3) .....				XXX	XXX
70. Incurred losses on prior years' claims-health other than comprehensive group health (Sch. H, Part 3, Line 3.1 Col. 1 less Col. 3) .....	0	0		XXX	XXX
71. Prior years' claim liability and reserve-health other than comprehensive group health (Sch. H, Part 3, Line 3.2 Col. 1 less Col. 3) .....	0	0		XXX	XXX
<b>Net Gains From Operations After Dividends to Policyholders, Refunds to Members, Federal Income Taxes and Before Realized Capital Gains or (Losses) by Lines of Business (Page 6.x, Line 33)</b>					
72. Individual industrial life (Page 6.1, Col. 2) .....					
73. Individual whole life (Page 6.1, Col. 3) .....					
74. Individual term life (Page 6.1, Col. 4) .....					
75. Individual indexed life (Page 6.1, Col. 5) .....					
76. Individual universal life (Page 6.1, Col. 6) .....					
77. Individual universal life with secondary guarantees (Page 6.1, Col. 7) .....					
78. Individual variable life (Page 6.1, Col. 8) .....					
79. Individual variable universal life (Page 6.1, Col. 9) .....					
80. Individual credit life (Page 6.1, Col. 10) .....					
81. Individual other life (Page 6.1, Col. 11) .....					
82. Individual YRT mortality risk only (Page 6.1, Col. 12) .....					
83. Group whole life (Page 6.2, Col. 2) .....					
84. Group term life (Page 6.2, Col. 3) .....					
85. Group universal life (Page 6.2, Col. 4) .....					
86. Group variable life (Page 6.2, Col. 5) .....					
87. Group variable universal life (Page 6.2, Col. 6) .....					
88. Group credit life (Page 6.2, Col. 7) .....					
89. Group other life (Page 6.2, Col. 8) .....					
90. Group YRT mortality risk only (Page 6.2, Col. 9) .....					
91. Individual deferred fixed annuities (Page 6.3, Col. 2) .....					
92. Individual deferred indexed annuities (Page 6.3, Col. 3) .....					
93. Individual deferred variable annuities with guarantees (Page 6.3, Col. 4) .....					
94. Individual deferred variable annuities without guarantees (Page 6.3, Col. 5) .....					
95. Individual life contingent payout (immediate and annuitization) (Page 6.3, Col. 6) .....					
96. Individual other annuities (Page 6.3, Col. 7) .....					
97. Group deferred fixed annuities (Page 6.4, Col. 2) .....					
98. Group deferred indexed annuities (Page 6.4, Col. 3) .....					
99. Group deferred variable annuities with guarantees (Page 6.4, Col. 4) .....					
100. Group deferred variable annuities without guarantees (Page 6.4, Col. 5) .....					
101. Group life contingent payout (immediate and annuitization) (Page 6.4, Col. 6) .....					
102. Group other annuities (Page 6.4, Col. 7) .....					
103. A & H-comprehensive individual (Page 6.5, Col. 2) .....	0				
104. A & H-comprehensive group (Page 6.5, Col. 3) .....	0				
105. A & H-Medicare supplement (Page 6.5, Col. 4) .....	(4,942,266)				
106. A & H-vision only (Page 6.5, Col. 5) .....	0				
107. A & H-dental only (Page 6.5, Col. 6) .....	0				
108. A & H-Federal employees health benefits plan (Page 6.5, Col. 7) .....	0				
109. A & H-Title XVIII Medicare (Page 6.5, Col. 8) .....	0				
110. A & H-Title XIX Medicaid (Page 6.5, Col. 9) .....	0				
111. A & H-credit (Page 6.5, Col. 10) .....	0				
112. A & H-disability income (Page 6.5, Col. 11) .....	0				
113. A & H-long-term care (Page 6.5, Col. 12) .....	0				
114. A & H-other (Page 6.5, Col. 13) .....	0				
115. Aggregate of all other lines of business (Page 6, Col. 8) .....	0	113,065	(2,279)		
116. Fraternal (Page 6, Col. 7) .....	0	0	0		
117. Total (Page 6, Col. 1) .....	(4,942,267)	113,065	(2,279)		

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

Yes [ ] No [ ]

If no, please explain: .....

Exhibit of Life Insurance  
**N O N E**

Exhibit of Life Insurance - Part 2  
**N O N E**

Exhibit of Life Insurance - Part 3  
**N O N E**

Exhibit of Life Insurance - Part 4  
**N O N E**

Exhibit of Life Insurance - Part 5  
**N O N E**

Exhibit of Life Insurance - Part 6  
**N O N E**

Exhibit of Life Insurance - Part 7  
**N O N E**

Exhibit of Life Insurance - Policies with Disability Provisions  
**N O N E**

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

**SUPPLEMENTARY CONTRACTS**

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

**ANNUITIES**

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

**ACCIDENT AND HEALTH INSURANCE**

	Group		Credit		Other	
	1 Certificates	2 Premiums in Force	3 Policies	4 Premiums in Force	5 Policies	6 Premiums in Force
1. In force end of prior year .....						
2. Issued during year .....						16,969
3. Reinsurance assumed .....						25,860,777
4. Increased during year (net) .....		XXX		XXX		XXX
5. Totals (Lines 1 to 4) .....	0	XXX	0	XXX	16,969	XXX
Deductions during year:						
6. Conversions .....		XXX	XXX	XXX	XXX	XXX
7. Decreased (net) .....		XXX		XXX	149	XXX
8. Reinsurance ceded .....		XXX		XXX		XXX
9. Totals (Lines 6 to 8) .....	0	XXX	0	XXX	149	XXX
10. In force end of year (line 5 minus line 9) .....	0	(a)	0	(a)	16,820	(a)
						25,610,532

**DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS**

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

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

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company**  
**SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS <sup>(b)</sup>**

Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only						7 Deposit-Type Contracts	
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5 (b)			
		2 Life Insurance Premiums	3 Annuity Considerations						
1. Alabama	AL	L	0	0	0	0	0		
2. Alaska	AK	N	0	0	0	0	0		
3. Arizona	AZ	L	0	0	918	0	918		
4. Arkansas	AR	N	0	0	0	0	0		
5. California	CA	L	0	0	0	0	0		
6. Colorado	CO	L	0	0	779,673	0	779,673		
7. Connecticut	CT	N	0	0	902	0	902		
8. Delaware	DE	L	0	0	386	0	386		
9. District of Columbia	DC	L	0	0	0	0	0		
10. Florida	FL	N	0	0	9,111	0	9,111		
11. Georgia	GA	L	0	0	277	0	277		
12. Hawaii	HI	N	0	0	0	0	0		
13. Idaho	ID	L	0	0	0	0	0		
14. Illinois	IL	L	0	0	0	0	0		
15. Indiana	IN	L	0	0	1,083,375	0	1,083,375		
16. Iowa	IA	N	0	0	0	0	0		
17. Kansas	KS	L	0	0	427,692	0	427,692		
18. Kentucky	KY	L	0	0	0	0	0		
19. Louisiana	LA	L	0	0	110,153	0	110,153		
20. Maine	ME	N	0	0	0	0	0		
21. Maryland	MD	N	0	0	2,168	0	2,168		
22. Massachusetts	MA	N	0	0	586	0	586		
23. Michigan	MI	N	0	0	0	0	0		
24. Minnesota	MN	N	0	0	0	0	0		
25. Mississippi	MS	N	0	0	902	0	902		
26. Missouri	MO	L	0	0	402	0	402		
27. Montana	MT	L	0	0	499	0	499		
28. Nebraska	NE	L	0	0	0	0	0		
29. Nevada	NV	L	0	0	55,148	0	55,148		
30. New Hampshire	NH	N	0	0	1,104	0	1,104		
31. New Jersey	NJ	N	0	0	5,017	0	5,017		
32. New Mexico	NM	N	0	0	374	0	374		
33. New York	NY	N	0	0	0	0	0		
34. North Carolina	NC	L	0	0	7,272	0	7,272		
35. North Dakota	ND	L	0	0	0	0	0		
36. Ohio	OH	L	0	0	1,260	0	1,260		
37. Oklahoma	OK	L	0	0	1,247	0	1,247		
38. Oregon	OR	L	0	0	0	0	0		
39. Pennsylvania	PA	L	0	0	4,901,566	0	4,901,566		
40. Rhode Island	RI	N	0	0	0	0	0		
41. South Carolina	SC	N	0	0	2,973	0	2,973		
42. South Dakota	SD	L	0	0	0	0	0		
43. Tennessee	TN	L	0	0	391,227	0	391,227		
44. Texas	TX	L	0	0	1,415,843	0	1,415,843		
45. Utah	UT	L	0	0	0	0	0		
46. Vermont	VT	N	0	0	0	0	0		
47. Virginia	VA	N	0	0	0	0	0		
48. Washington	WA	N	0	0	679	0	679		
49. West Virginia	WV	L	0	0	0	0	0		
50. Wisconsin	WI	N	0	0	0	0	0		
51. Wyoming	WY	N	0	0	0	0	0		
52. American Samoa	AS	N	0	0	0	0	0		
53. Guam	GU	N	0	0	0	0	0		
54. Puerto Rico	PR	N	0	0	0	0	0		
55. U.S. Virgin Islands	VI	N	0	0	0	0	0		
56. Northern Mariana Islands	MP	N	0	0	0	0	0		
57. Canada	CAN	N	0	0	0	0	0		
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0		
59. Subtotal		XXX	0	0	9,200,754	0	9,200,754		
90. Reporting entity contributions for employee benefits plans		XXX					0		
91. Dividends or refunds applied to purchase paid-up additions and annuities		XXX					0		
92. Dividends or refunds applied to shorten endowment or premium paying period		XXX					0		
93. Premium or annuity considerations waived under disability or other contract provisions		XXX					0		
94. Aggregate or other amounts not allocable by State		XXX	0	0	0	0	0		
95. Totals (Direct Business)		XXX	0	0	9,200,754	0	9,200,754		
96. Plus reinsurance assumed		XXX					0		
97. Totals (All Business)		XXX	0	0	9,200,754	0	9,200,754		
98. Less reinsurance ceded		XXX					0		
99. Totals (All Business) less Reinsurance Ceded		XXX	0	0	(c) 9,200,754	0	9,200,754		
DETAILS OF WRITE-INS									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0		
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0		
9401.		XXX							
9402.		XXX							
9403.		XXX							
9498. Summary of remaining write-ins for Line 94 from overflow page		XXX	0	0	0	0	0		
9499. Totals (Lines 9401 through 9403 plus 9498)(Line 94 above)		XXX	0	0	0	0	0		

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG ..... 28 4. Q - Qualified - Qualified or accredited reinsurer ..... 0  
 2. R - Registered - Non-domiciled RRGs ..... 0 5. N - None of the above - Not allowed to write business in the state ..... 29  
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state ..... 0

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

(c) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 6, or with Schedule H, Part 1, Line 1, indicate which: Exhibit 1, Lines 6.4, 10.4, and 16.4, Col. 6.....

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company

## PART 1 -- ORGANIZATION CHART

### The Cigna Group (A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2024:

Entity Name	EIN	State	NAIC CODE
<b>The Cigna Group (A Delaware corporation and ultimate parent company)</b>			
Cigna Holding Company	82-4991898	DE	
Cigna Holdings, Inc.	06-1059331	DE	
Cigna Intellectual Property, Inc.	06-1072796	DE	
Cigna Investment Group, Inc.	51-0402128	DE	
Cigna International Finance, Inc.	06-1095823	DE	
Former Cigna Investments, Inc.	52-0291385	DE	
Cigna Investments, Inc.	23-1914061	DE	
Cigna Benefits Financing, Inc.	06-0861092	DE	
CareAllies, Inc.	01-0947889	DE	
CareAllies Accountable Care Collaborative LLC	26-0180898	DE	
CareAllies Accountable Care Solutions LLC	85-0954556	DE	
Connecticut General Corporation	00-0000000	DE	
Benefit Management Corp.	06-0840391	CT	
Allegiance Life & Health Insurance Company	81-0585518	MT	
Allegiance Re, Inc.	20-4433475	MT	12814
Allegiance Benefit Plan Management, Inc.	20-3851464	MT	
Allegiance COBRA Services, Inc.	81-0400550	MT	
Allegiance Provider Direct, LLC	71-0916514	MT	
Community Health Network, LLC	26-2201582	MT	
Intermountain Underwriters, Inc.	84-1461840	MT	
Allegiance Care Management, LLC	81-0425785	MT	
HealthSpring, Inc.	03-0507057	MT	
NewQuest, LLC	20-1821898	DE	
NewQuest Management Northeast, LLC	76-0628370	TX	
Bravo Health Mid-Atlantic, Inc.	52-1929677	DE	
Bravo Health Pennsylvania, Inc.	52-2259087	MD	10095
HealthSpring Life & Health Insurance Company, Inc.	52-2363406	PA	11524
HealthSpring of Florida, Inc.	20-8534298	TX	12902
NewQuest Management of Illinois, LLC	65-1129599	FL	11532
NewQuest Management of Florida, LLC	77-0632665	IL	
HealthSpring Management of America, LLC	20-4954206	FL	
TexQuest, LLC	75-3108527	DE	
HouQuest, LLC	75-3108521	DE	
GulfQuest, LP	76-0657035	TX	
NewQuest Management of Alabama, LLC	33-1033586	AL	
HealthSpring USA, LLC	72-1559530	TN	
Tennessee Quest, LLC	20-5524622	TN	
Home Physicians Management, LLC	20-4266628	DE	
Alegis Care Services, LLC	35-2562415	DE	
Alegis Care Services of Colorado, LLC	85-0909305	CO	
Cigna Arbor Life Insurance Company	03-0452349	CT	13733
Evernorth Behavioral Health, Inc.	41-1648670	MN	
Evernorth Behavioral Health of California, Inc.	94-3107309	CA	
Evernorth Behavioral Health of Texas, Inc.	75-2751090	TX	
MCC Independent Practice Association of New York, Inc.	06-1346406	NY	
Cigna Dental Health, Inc.	59-2308055	FL	
Cigna Dental Health Plan of Arizona, Inc.	86-0807222	AZ	47013
Cigna Dental Health of California, Inc.	59-2600475	CA	
Cigna Dental Health of Colorado, Inc.	59-2675861	CO	11175
Cigna Dental Health of Delaware, Inc.	59-2676987	DE	95380
Cigna Dental Health of Florida, Inc.	59-1611217	FL	52021
Cigna Dental Health of Kansas, Inc.	59-2625350	KS	52024
Cigna Dental Health of Kentucky, Inc.	59-2619589	KY	52108
Cigna Dental Health of Maryland, Inc.	20-2844020	MD	48119
Cigna Dental Health of Missouri, Inc.	06-1582068	MO	11160
Cigna Dental Health of New Jersey, Inc.	59-2308062	NJ	11167
Cigna Dental Health of North Carolina, Inc.	56-1803464	NC	95179
Cigna Dental Health of Ohio, Inc.	59-2579774	OH	47805
Cigna Dental Health of Pennsylvania, Inc.	52-1220578	PA	47041
Cigna Dental Health of Texas, Inc.	59-2676977	TX	95037
Cigna Dental Health of Virginia, Inc.	52-2188914	VA	52617
Cigna Health Corporation	62-1312478	DE	
Healthsource, Inc.	02-0387748	DE	
Cigna HealthCare of Arizona, Inc.	86-0334392	AZ	95125
Evernorth Care Group, LLC	99-1584892	DE	
Cigna HealthCare of California, Inc.	95-3310115	CA	
Cigna HealthCare of Colorado, Inc.	84-1004500	CO	95604
Cigna HealthCare of Connecticut, Inc.	06-1141174	CT	95660
Cigna HealthCare of Florida, Inc.	59-2080259	FL	95136
Cigna HealthCare of Georgia, Inc.	58-1641057	GA	96229
Cigna HealthCare of Illinois, Inc.	36-3385638	IL	95602
Cigna HealthCare of Indiana, Inc.	35-1679172	IN	95525
Cigna HealthCare of New Hampshire, Inc.	02-0387749	NH	95493
Cigna HealthCare of New Jersey, Inc.	22-2720890	NJ	95500
Cigna HealthCare of North Carolina, Inc.	56-1479515	NC	95132
Cigna HealthCare of St. Louis, Inc.	36-3359925	MO	95635
Cigna HealthCare of South Carolina, Inc.	06-1185590	SC	95708
Cigna HealthCare of Tennessee, Inc.	62-1218053	TN	95606
Cigna HealthCare of Texas, Inc.	74-2767437	TX	95383
Temple Insurance Company Limited	00-0000000	BM	
Arizona Health Plan, Inc.	86-3581583	AZ	
Healthsource Properties, Inc.	02-0467679	NH	
Sagamore Health Network, Inc.	35-1641636	IN	
Cigna Healthcare Holdings, Inc.	84-0985843	CO	
Cigna Healthcare, Inc.	02-0495422	VT	
Connecticut General Life Insurance Company	06-0303370	CT	62308
Evernorth Direct Health, LLC	32-0222252	DE	
Gillette Ridge Community Council, Inc.	00-0000000	CT	
Gillette Ridge Golf, LLC	20-3700105	DE	
Tel-Drug of Pennsylvania, LLC	23-3074013	PA	
GRG Acquisitions LLC	00-0000000	DE	
Cigna Affiliates Realty Investment Group, LLC	27-5402196	DE	
Secon Properties, LP	95-2876207	CA	
Transwestern Federal Holdings, L.L.C.	00-0000000	DE	
Transwestern Federal, L.L.C.	00-0000000	DE	
CR Washington Street Investors LP	27-3555688	DE	
PUR Arbors Apartments Venture LLC	45-5046449	DE	
CG Seventh Street, LLC	45-5499889	DE	
Ideal Properties II LLC	95-4838551	CA	
Mallory Square Partners I, LLC	80-0908244	DE	
Houston Briar Forest Apartments Limited Partnership	37-1708015	DE	
SB-SNH LLC	46-3593103	DE	
680 Investor LLC	00-0000000	CA	
685 New Hampshire LLC	00-0000000	CA	
Lakehills CM-CG LLC	47-4375626	DE	
Berewick Apartments LLC	81-2650133	DE	
CIG-LEI Ygnacio Associates LLC	81-3389374	DE	
CGGL Orange Collection LLC	81-1797835	DE	
CGGL City Parkway LLC	81-3313562	DE	
Heights at Bear Creek Venture LLC	81-4139432	DE	
SOMA Apartments Venture LLC	82-1732483	DE	
Arbor Heights Venture LLC	82-3315524	DE	
CG/Wood ALTA 601, LLC	82-1280312	DE	
CPI-CI 9171 Wilshire JV LLC	82-4936006	DE	
9171 Wilshire CPI-CII LLC	82-4794800	DE	
CARING Alta Leander Investor LLC	85-2966766	DE	
CG/Wood Alta Leander Station, LLC	85-2233381	DE	
CARING Capitol Hill GP LLC	32-0570889	DE	
CARING Capitol Hill LP LLC	37-1903297	DE	
Rise-CG Capitol Hill, LP	83-1460134	DE	
CARING 3130 Investor LLC	84-1960231	DE	
CARING 9171 Wilshire Investor LLC	83-2318410	DE	
CARING Heights at Bear Creek Investor LLC	83-2318233	DE	
Heights at Bear Creek Borrower I LLC	81-4139432	DE	
Heights at Bear Creek Mezzanine LLC	81-4139432	DE	
CARING 500 Ygnacio Investor LLC	83-2562994	DE	
CARING Alta Englewood Investor LLC	83-2851501	DE	
CARING Alta Woodson Investor LLC	83-2563284	DE	
CARING Mallory Square Investor LLC	83-2339522	DE	
CARING Soma Investor LLC	83-2563138	DE	
CARING Century Plaza Investor LLC	83-2851364	DE	
CG-Muller 550 Winchester, LLC	83-2993316	DE	
CARING Hillcrest Investor LLC	83-1400482	DE	
CI-GS Hillcrest LLC	82-1612980	DE	
CARING Alexa Enclave Investor LLC	83-2633790	DE	
CARING Orange Collection Investor LLC	83-2633886	DE	
CGGL Orange Collection Mezz LLC	00-0000000	DE	
CARING South Coast Subsidiary LLC	83-8294933	DE	
CARING 18th & Salmon Investor LLC	83-1400586	DE	
CI-GS Portland, LLC	82-4774243	DE	
CARING Firestone Investor LLC	83-3701937	DE	
CG-AQ 477 South Market Street LLC	84-2083351	DE	
CARING XR 2 International Investor LLC	83-4317078	DE	
CGGL XR 2 International LLC	84-1843578	DE	
CGL XR 2 International JV LLC	84-1843578	DE	
CGGL XR 2 International Mezz LLC	84-1843578	DE	

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company

## PART 1 -- ORGANIZATION CHART

**The Cigna Group**  
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2024:

Entity Name	EIN	State	NAIC CODE
CARING XR International Investor LLC	83-3923178	DE	
CGG XR International LLC	84-1921719	DE	
CARING JA Lofts Investor GP LLC	00-0000000	DE	
CARING JA Lofts Investor LP LLC	00-0000000	DE	
JA Lofts JV Limited Partnership	84-3395923	DE	
JA Lofts Holdings, LLC	84-3406799	DE	
RISE-CG JA Lofts Limited Partnership	84-3254168	DE	
CARING Westcore Holding Investor LLC	38-4085763	DE	
Westcore CG AC, LLC	00-0000000	DE	
Westcore CG Dove Valley II, LLC	84-3178563	DE	
Westcore CG Venture, LLC	00-0000000	DE	
Westcore CG Dove Valley I, LLC	84-3178563	DE	
Westcore CG Camelback, LLC	84-3178563	DE	
Westcore CG Susana, LLC	84-3178563	DE	
Westcore CG Navy, LLC	84-3178563	DE	
Westcore CG I-35, LLC	84-3178563	DE	
Westcore CG Potomac Park, LLC	84-3178563	DE	
Westcore CG Fountain Lakes, LLC	84-3178563	DE	
Westcore CG Solaro, LLC	84-3178563	DE	
Westcore CG Gateway, LLC	84-3178563	DE	
Westcore CG Cedar Port, LLC	84-3178563	DE	
Westcore CG Eisenhauer, LLC	84-3178563	DE	
Westcore CG Raceway, LLC	84-3178563	DE	
CARING Westcore Holding II Investor LLC	87-3646420	DE	
Westcore CG II AC, LLC	87-3624928	DE	
Westcore CG Venture II, LLC	87-3624928	DE	
Westcore CG II Park 225, LLC	87-3624928	DE	
Westcore CG II Union Cross, LLC	87-3624928	DE	
Westcore CG II Denton, LLC	87-3624928	DE	
Westcore CG II Milan, LLC	87-3624928	DE	
CARING IBP Investor LLC	84-4410564	DE	
CG-LEDO IBP Venture LLC	84-4773972	DE	
CG-LEDO IBP I LLC	84-4747045	DE	
CG-LEDO IBP II LLC	84-4755025	DE	
CARING Interbay Investor LP LLC	85-1984627	DE	
The Flats at Interbay JV Limited Partnership	85-1955075	DE	
The Flats at Interbay Limited Partnership	85-1962013	DE	
The Flats at Interbay Holdings, LLC	85-1955731	DE	
CARING Interbay Investor GP LLC	85-1961034	DE	
CARING Deco Investor LLC	85-4265529	DE	
Deco Apartments JV LLC	86-1305728	DE	
Deco Apartments Owner LLC	86-1334095	DE	
CARING ABS Investor LLC	85-4247420	DE	
ABS Apartments Venture, L.L.C.	85-1046126	DE	
CARING Elan I Investor LLC	85-2912145	DE	
CI-GS Elan Everett Phase I, LLC	86-2964997	DE	
CARING Elan II Investor LLC	87-0928526	DE	
CI-GS Elan Everett Phase II, LLC	86-3726159	DE	
CARING St. Matthew's Investor LLC	86-1942593	DE	
ASM Apartments Venture, L.L.C.	86-1750832	DE	
CARING Montclair Investor LLC	85-4265529	DE	
Montclair Residences JV LLC	87-2772585	DE	
Montclair 11 Pine Operating Company LLC	87-2810715	DE	
Montclair 11 Pine Urban Renewal LLC	87-2790325	DE	
CARING Berwyn Investor LLC	87-1992977	DE	
Swedesford Road Apartments, LLC	87-0903685	DE	
CARING Alta Duraleigh Investor LLC	83-2851501	DE	
CG/Wood Alta Duraleigh, LLC	85-0734624	DE	
CG/Wood Alta Duraleigh Owner, LLC	85-0655107	DE	
CG/Wood Alta Duraleigh Townhome, LLC	87-2928410	DE	
CARING Optimist Park II Investor LLC	86-2627703	DE	
AOP II Apartment Venture, L.L.C.	87-4023291	DE	
CARING Galleria Investor LLC	87-4803572	DE	
AGA Apartments Venture, L.L.C.	87-4355549	DE	
CARING Waltham Investor LLC	88-2074593	DE	
73 Pond Street Apartments Venture, L.L.C.	88-1945947	DE	
CARING Slabtown Investor, LLC	87-2031777	DE	
CI-GS Slabtown, LLC	88-3907567	DE	
CARING Brinkman Investor LLC	86-1885283	DE	
ABL Holding Co., L.L.C.	88-4202407	DE	
ABL Apartments Venture, L.L.C.	86-1712743	DE	
ABL Townhomes Venture, L.L.C.	88-3747773	DE	
CARING EndOpi-Max Investor, LLC	88-2276875	DE	
ATX Merrilltown, LP	00-0000000	DE	
CARING Glenwood Investor LLC	92-0571674	DE	
AGS Apartments Venture, L.L.C.	92-1596970	DE	
CARING Tasman East Investor LLC	88-2629352	DE	
CI-GS Tasman East Apartments, LLC	92-2089989	DE	
CARING St. Elmo Investor LLC	86-3275381	DE	
ASE Apartments Venture, L.L.C.	87-1304984	DE	
CARING Windsor Investor LLC	27-5402196	DE	
CARING Brixton Windsor Investor TIC, LLC	99-0930736	DE	
CARING Brixton Windsor Owner TIC, LLC	99-0945998	DE	
CARING Windsor TIC Manager LLC	27-5402196	DE	
CARING Brixton Windsor Manager, LLC	99-0973949	DE	
CARING Towers Crescent Investor LLC	88-2431671	DE	
CARING Continental Investor LLC	27-5402196	DE	
Constellation Continental Owner, LLC	99-2781951	DE	
CARING Rock Island Investor LLC	27-5402196	DE	
Rock Island Owner, LLC	99-3690790	DE	
CARING Rosslyn Investor LLC	99-4128908	DE	
Roslyn Owner, LLC	99-4491221	DE	
Cigna Health and Life Insurance Company	59-1031071	CT	67369
Bright Health Group, Inc.	47-4991296	DE	
Cigna Corporate Services, LLC	27-3396038	DE	
Cigna Insurance Agency, LLC	27-1903785	CT	
Ceres Sales of Ohio, LLC	34-1970892	OH	
Cigna National Health Insurance Company	34-0970995	OH	61727
Provident American Life & Health Insurance Company	23-1335885	OH	67903
Cigna Insurance Company	75-2305400	OH	65269
Loyal American Life Insurance Company	63-0343428	OH	65722
American Retirement Life Insurance Company	59-2760189	OH	88366
Sterling Life Insurance Company	13-1867829	IL	77399
Cigna Ventures, LLC	83-1069280	DE	
AristaMD, Inc.	46-4080861	DE	
Octave Health Group, Inc.	82-5244890	DE	
9am Health Inc.	82-2153426	DE	
Verty Solutions Group, Inc.	00-0000000	DE	
Cigna & CMB Life Insurance Company Limited	00-0000000	DE	
Cigna & CMB Health Services Company, Ltd.	00-0000000	DE	
Cigna & CMB Asset Management Company Limited	00-0000000	DE	
Health-Lynx, LLC	46-2086778	NJ	
QualCare Management Resources Limited Liability Company	46-1801639	NJ	
Cigna Management Company LLC	87-3374500	DE	
Harford Community Lender Holding LLC	87-3650143	DE	
Hartford Community Lender I LLC	87-3686301	DE	
Cigna Health Management, Inc.	23-1728483	DE	
Krons Optimal Health Company	20-8064696	AZ	
Cigna Direct Marketing Company, Inc.	58-1136865	DE	
Tel-Drug, Inc.	46-0427127	SD	
Cigna Global Wellbeing Holdings Limited	00-0000000	DE	
Cigna Global Wellbeing Solutions Limited	00-0000000	DE	
VieLife Services, Inc.	98-0463704	DE	
CG Individual Tax Benefit Payments, Inc.	06-1332403	DE	
CG Life Pension Benefits Payments, Inc.	06-1332405	DE	
CG LINA Pension Benefits Payments, Inc.	06-1332401	DE	
Cigna Federal Benefits, Inc.	62-1724116	DE	
Cigna Healthcare Benefits, Inc.	23-2741293	DE	
Cigna Integrated Care, Inc.	23-2924152	DE	
Cigna Managed Care Benefits Company	23-2741294	DE	
Cigna Re Corporation	06-1071502	DE	
Cigna Resource Manager, Inc.	06-1567902	DE	
Connecticut General Benefit Payments, Inc.	06-1252419	DE	
Healthsource Benefits, Inc.	06-1533555	DE	
IHN, Inc.	35-2041388	IN	
Brighter, Inc.	27-1713977	DE	
Patient Provider Alliance, Inc.	80-0818758	DE	
Cigna Global Holdings, Inc.	51-0389196	DE	
Cigna International Corporation, Inc.	51-0111677	DE	
Cigna International Services, Inc.	23-2610178	DE	
Cigna International Marketing (Thailand) Limited	00-0000000	DE	
Cigna Global Reinsurance Company, Ltd.	98-0210110	DE	
Cigna Holdings Overseas, Inc.	23-3009279	DE	
Cigna Bellevue Alpha LLC	00-0000000	DE	
Cigna Linden Holdings, Inc.	46-4110289	DE	
Cigna Laurel Holdings, Ltd.	98-1146864	DE	
Cigna Palmetto Holdings, Ltd.	98-1232443	DE	

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company

## PART 1 -- ORGANIZATION CHART

**The Cigna Group**  
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The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2024:

Entity Name	EIN	State	NAIC CODE
Cigna Apac Holdings, Ltd.	00-0000000		
Cigna Alder Holdings, LLC	00-0000000	DE	
Cigna Walnut Holdings, Ltd.	00-0000000		
Cigna Chestnut Holdings, Ltd.	98-1137759		
Cigna International Services Australia Pty Ltd.	00-0000000		
Cigna Hong Kong Holdings Company Limited	00-0000000		
Cigna Data Services (Shanghai) Company Limited	00-0000000		
Cigna Worldwide General Insurance Company Limited	00-0000000		
Cigna International Health Services Sdn. Bhd.	00-0000000		
Cigna Healthcare Eastern Technology Services Company	00-0000000		
Cigna Life Insurance Company of Canada	AA-1560515		
Cigna Spruce Holdings GmbH	00-0000000	DE	
Ascent Health Services LLC	00-0000000		
Qualent Pharmaceuticals Holdings LP	00-0000000		
Qualent Pharmaceuticals Health LLC	00-0000000		
NAS Neuron Health Services, LLC.	00-0000000		
Claims and Risk Services Limited	00-0000000		
Egyptian Emirates Administration Services SAE	00-0000000		
Independent Health Information Technology Services LLC.	00-0000000		
NAS Administrative Services Company LLC	00-0000000		
Kuwait Emirates Administration Services WLL	00-0000000		
NAS United SPV	00-0000000		
Neuron LLC	00-0000000		
NNHS India Private Limited	00-0000000		
Cigna Nederland Gamma B.V.	00-0000000		
Cigna Myrtle Holdings, Ltd.	98-1154657		
Cigna Elmwood Holdings, SPRL	98-1155943		
Cigna Beechwood Holdings	98-1181787		
Cigna Life Insurance Company of Europe S.A.-N.V.	AA-1240009		
Cigna Europe Insurance Company S.A.-N.V.	00-0000000		
Cigna European Services (UK) Limited	00-0000000		
Cigna 2000 UK Pension LTD	00-0000000		
Cigna Oak Holdings, Ltd.	00-0000000		
Cigna Willow Holdings, LTD.	00-0000000		
FirstAssist Administration Limited	00-0000000		
Cigna Legal Protection U.K. Ltd.	00-0000000		
Cigna Insurance Services (Europe) Limited	00-0000000		
Cigna International Health Services, BVBA	00-0000000		
Cigna International Health Services, LLC	30-0526216	FL	
Cigna International Health Services Kenya Limited	00-0000000		
Cigna Cedar Holdings, Ltd.	00-0000000		
Cigna Insurance Middle East S.A.L.	00-0000000		
Cigna Services Middle East FZE	00-0000000		
Cigna Insurance Management Services (DIFC), Ltd.	00-0000000		
Cigna Health Solution India Pvt. Ltd.	00-0000000		
Cigna Poplar Holdings, Inc.	46-4099800	DE	90859
PT GAR Indonesia	00-0000000	DE	
Cigna Global Insurance Company Limited	68-0676638		
International Pharmaceutical Solutions, GmbH	00-0000000		
ManipalCigna Health Insurance Company Limited	00-0000000		
Cigna Worldwide Insurance Company	23-2088429	DE	
Cigna Teak Holdings, LLC	00-0000000	DE	
Evernorth Strategic Development, Inc.	85-2717903	DE	
Cigna-Evernorth Services, Inc.	85-2732455	DE	
Evernorth Health, Inc.	45-2884094	DE	
Express Scripts, Inc.	43-1420563	DE	
Forsyth Health, LLC	88-3762943	DE	
ESSCH Holdings, Inc.	92-1016132	DE	
Express Scripts Senior Care Holdings LLC	20-3126104	DE	
Express Scripts Senior Care, Inc.	20-3126075	DE	
Express Scripts Services Co.	43-1832983	DE	
Diversified Pharmaceutical Services, Inc.	41-1627938	MN	
Diversified NY IPA, Inc.	16-1526641	NY	
ESI Mail Pharmacy Service, Inc.	43-1867735	DE	
Express Scripts Pharmaceutical Procurement, LLC	20-5826948	DE	
Econdisc Contracting Solutions, LLC	27-3542089	DE	
Express Scripts Sales Operations, Inc.	22-3114423	NJ	
Express Scripts Specialty Distribution Services, Inc.	43-1869712	DE	
ESI Partnership	43-1925562	DE	
ESI Resources, Inc.	41-2006555	MN	
ESI GP Holdings, Inc.	43-1925556	DE	
Express Scripts Utilization Management Company	43-1869714	DE	
Express Scripts Strategic Development, Inc.	22-2230703	NJ	
Airport Holdings, LLC	75-3040465	NJ	
CuraScript, Inc.	36-4369972	DE	
Priority Healthcare Corporation	35-1927379	IN	
Lynfield Drug, Inc.	04-3546044	FL	
Freedom Service Company, LLC	20-3229217	FL	
Priority Healthcare Distribution, Inc.	59-3761140	FL	
Evernorth Wholesale Distribution, Inc.	93-3608409	DE	
Fresco, Inc.	02-0523249	FL	
Lynfield Compounding Center, Inc.	58-2593075	FL	
SpectraCare, Inc.	61-1147068	KY	
SpectraCare Health Care Ventures, Inc.	61-1317695	KY	
Care Continuum, Inc.	61-1162797	KY	
Matrix GPO, LLC	04-3546044	FL	
Healthbridge Reimbursement & Product Support, Inc.	51-0500147	IN	
Strategic Pharmaceutical Investments, LLC	04-2992335	MA	
ABD Group, Inc.	47-2658932	DE	
Apothecary by Design Acquisition Co., LLC	47-3883928	DE	
Integrity Rx Specialty Pharmacy LLC	46-5566043	AZ	
Village Fertility Pharmacy, LLC	81-3492421	DE	
Healy Pharmacy, LLC	47-5651517	DE	
Village West Coast LLC	92-3642270	DE	
Global Pharmacy LLC	82-5244279	CA	
L&C Investments, LLC	47-5292506	DE	
ESI Mail Order Processing, Inc. (f/k/a NXI)	74-2974984	DE	
Express Reinsurance Company	27-3175443	MO	13918
Express Scripts Canada Holding Co.	43-1942542	DE	
Express Scripts Canada Co.	00-0000000		
ESI Canada	00-0000000		
ESI GP Canada ULC	00-0000000		
ESI GP2 Canada ULC	00-0000000		
Express Scripts Canada Wholesale	00-0000000		
Express Scripts Canada Services	00-0000000		
Express Scripts Pharmacy Ontario, Ltd.	00-0000000		
Express Scripts Pharmacy West, Ltd.	00-0000000		
Express Scripts Pharmacy Central, Ltd.	00-0000000		
Express Scripts Pharmacy Atlantic, Ltd.	00-0000000		
Express Scripts Canada Holding, LLC	27-1490640	DE	
Healthbridge, Inc.	26-2159005	DE	
Inside RX, LLC	82-0658250	DE	
myMatrixx Holdings, LLC	82-1350878	DE	
Matrix Healthcare Services, Inc.	59-3720653	FL	
myMatrixx-B, LLC	46-2589799	FL	
MyM Technology Services, LLC	36-4833284	FL	
Innovative Product Alignment, LLC	82-1655179	DE	
Express Scripts Health Information Network Partners, Inc.	84-5003423	DE	
Evernorth Care Solutions, Inc.	86-1465626	DE	
MDLive, Inc.	45-4937055	DE	
MDLive LLC	00-0000000	DE	
MDLivevisit, LLC	00-0000000	FL	
Breakthrough Behavioral, Inc.	00-0000000	DE	
Breakthrough Behavioral of Texas, Inc.	00-0000000	TX	
MDLive Provider Services, LLC	00-0000000	FL	
Evernorth Federal Services, Inc.	33-2256054	DE	
Medco Health Solutions, Inc.	22-3461740	DE	
MAH Pharmacy, LLC	27-1506930	DE	
Medco Containment Life Insurance Company	42-1425239	PA	63762
Medco Containment Insurance Company of NY	13-3506395	NY	34720
Accredo Health, Incorporated	55-0894449	DE	
AHG of New York, Inc.	13-3888838	NY	
Biopartners In Care, Inc.	43-1815573	MO	
Accredo Health Group, Inc.	11-3358535	DE	
Willow DSP LLC	00-0000000	DE	
Medco Europe, LLC	46-2166374	DE	
Medco Europe II, LLC	27-3709630	DE	
Express Scripts Administrators LLC	41-2063830	DE	
Medco Health Puerto Rico, LLC	81-0616525	DE	
Systemed, LLC	22-3474888	DE	
Medco Health Services, Inc.	26-3544786	DE	
Express Scripts Pharmacy, Inc.	30-0789911	DE	
Specialty Products Acquisitions, LLC	82-4405071	DE	
SureScripts, LLC	00-0000000	VA	
Medco Health Information Network Partners, Inc.	84-5017653	DE	
Evernorth Sales Operations, Inc.	85-2759151	DE	
Evernorth Accountable Care, LLC	93-1916563	DE	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company

PART 1 -- ORGANIZATION CHART

The Cigna Group  
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The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2024:

Entity Name	EIN	State	NAIC CODE
Evernorth-VillageMD Care Alliance of AZ, LLC	93-1946921	DE	
Evernorth-VillageMD Care Alliance of CT, LLC	93-3088901	DE	
Evernorth-VillageMD Care Alliance of GA, LLC	93-1971121	DE	
Evernorth-VillageMD Care Alliance of NJ, LLC	93-2000610	NJ	
Evernorth-VillageMD Care Alliance of TX, LLC	93-2024744	DE	
Evernorth-VillageMD Health Organization of Texas, Inc.	93-2676484	TX	
Evernorth Network Services, LLC	99-1207331	DE	
Evernorth Accountable Care One, LLC	00-0000000		
Evernorth Ireland Limited	00-0000000	IE	
eviCore 1, LLC	46-4676347	DE	
MedSolutions Holdings, Inc.	27-3801345	DE	
eviCore healthcare MSI, LLC	62-1615395	TN	
CareCore NJ, LLC	20-1089572	NJ	10144
CCN-WNY IPA, LLC	33-1039759	NY	
CCN NMO, LLC	45-2604992	NY	
MSI Health Organization of Texas, Inc.	32-0071543	TX	
MSIAZ I, LLC	86-1090522	TN	
MSICA I, LLC	20-1749733	TN	
MSICO I, LLC	20-1222347	TN	
MSIFL, LLC	55-0840800	TN	
MSIMD I, LLC	26-0181185	TN	
MSINC I, LLC	74-3122235	TN	
MSINH, LLC	03-0524694	TN	
MSINH II, LLC	11-3715243	TN	
MSINJ I, LLC	20-1749446	TN	
MSINV I, LLC	20-1761914	TN	
MSI HT, LLC	27-5492993	TN	
MSI LT, LLC	27-5493148	TN	
MSI SAR-GW, LLC	27-5493321	TN	
MSISC II, LLC	55-0840806	TN	
MSIVT I, LLC	26-0336736	TN	
MSIWA, LLC	20-2536458	TN	
Chirp Alliance Corporation	59-3466707	FL	
QPID Health, LLC	45-5569416	DE	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company  
**OVERFLOW PAGE FOR WRITE-INS**

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Cigna Insurance Company  
**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Schedule H Part 1 Line 11

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1104. PDF Interest .....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1197. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Additional Write-ins for Schedule H Part 1 Line 11

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1104. PDF Interest .....		0.0		0.0		0.0		0.0		0.0		0.0
1197. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0