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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company

NAIC Group Code 0917 (Current) 0917 (Prior) NAIC Company Code 61727 Employer's ID Number 34-0970995

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [ ] No [X]

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

Statutory Home Office 4400 Easton Commons Way, Suite 125 (Street and Number), Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)

Main Administrative Office 300 E. Randolph Street (Street and Number)
Chicago, IL, US 60601 (City or Town, State, Country and Zip Code), 312-653-6000 (Area Code) (Telephone Number)

Mail Address 300 E. Randolph Street (Street and Number or P.O. Box), Chicago, IL, US 60601 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 300 E. Randolph Street (Street and Number)
Chicago, IL, US 60601 (City or Town, State, Country and Zip Code), 312-653-6000 (Area Code) (Telephone Number)

Internet Website Address www.HCSC.com

Statutory Statement Contact Mark Larson (Name), 972-766-4350 (Area Code) (Telephone Number)
Mark_Larson@bcbstx.com (E-mail Address), 972-766-4360 (FAX Number)

OFFICERS

Chief Executive Officer, President: Stephen Devon Harris #
Secretary: Arlene Keh Lim #
Treasurer: Lillian Michelle Sutton #

OTHER

Kimberly Ann Green #, Vice President, Compliance
Eric Roger Schmid #, Vice President, Tax
Mark Edmund Ochal #, Vice President
Minhe Yu #, Vice President
Marlena Powell Pickering #, Assistant Secretary

DIRECTORS OR TRUSTEES

Kimberly Ann Green #
Sachin Gupta #
Stephen Devon Harris #
Eric Roger Schmid #
Lillian Michelle Sutton #

State of Tennessee
County of Davidson SS

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

Stephen Devon Harris	Arlene Keh Lim	Lillian Michelle Sutton
Chief Executive Officer, President	Secretary	Treasurer

Subscribed and sworn to before me this _____ day of _____

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	840,109	5,571	429	7,968	7,968	846,109
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group						
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	840,109	5,571	429	7,968	7,968	846,109

Exhibit 3 - Health Care Receivables

N O N E

Exhibit 3A - Health Care Receivables Collected and Accrued

N O N E

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (reported)						
0199999. Individually listed claims unpaid						
0299999. Aggregate accounts not individually listed- uncovered						
0399999. Aggregate accounts not individually listed-covered						
0499999. Subtotals						
0599999. Unreported claims and other claim reserves						53,638,341
0699999. Total amounts withheld						2,770,058
0799999. Total claims unpaid						56,408,399
0899999 Accrued medical incentive pool and bonus amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0199999. Individually listed receivables							
0299999. Receivables not individually listed	245					245	
0399999 Total gross amounts receivable	245					245	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Loyal American Life Insurance Company	Cost Sharing Agreement	5,079,825	5,079,825	
0199999. Individually listed payables		5,079,825	5,079,825	
0299999. Payables not individually listed		422,483	422,483	
0399999 Total gross payables		5,502,308	5,502,308	

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. Total capitation payments						
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments			XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments	305,482,750	100.0	XXX	XXX		305,482,750
12. Total other payments	305,482,750	100.0	XXX	XXX		305,482,750
13. TOTAL (Line 4 plus Line 12)	305,482,750	100%	XXX	XXX		305,482,750

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

NONE

	Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1.	Administrative furniture and equipment						
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	2,228			2,212		16								
2. First quarter	2,410			2,394		16								
3. Second quarter	2,541			2,525		16								
4. Third quarter	2,694			2,678		16								
5. Current year	2,678			2,662		16								
6. Current year member months	30,307			30,115		192								
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	4,507,946			4,501,673		5,532							741	
13. Life premiums direct	21,809			21,809										
14. Property/casualty premiums written														
15. Health premiums earned	4,510,207			4,504,290		5,188							729	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	4,093,416			4,090,796		2,620								
18. Amount incurred for provision of health care services	4,265,482			4,262,846		2,640							(4)	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	6			3									3	
2. First quarter	6			3									3	
3. Second quarter	6			3									3	
4. Third quarter	8			5									3	
5. Current year	8			5									3	
6. Current year member months	86			50									36	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	6,504			6,504										
13. Life premiums direct	583			583										
14. Property/casualty premiums written														
15. Health premiums earned	6,493			6,493										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	655			655										
18. Amount incurred for provision of health care services	1,152			1,152										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	4,639			4,639										
2. First quarter	7,154			7,154										
3. Second quarter	9,230			9,230										
4. Third quarter	11,285			11,285										
5. Current year	13,294			13,294										
6. Current year member months	106,169			106,169										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	15,388,139			15,385,721									2,418	
13. Life premiums direct	31,470			31,470										
14. Property/casualty premiums written														
15. Health premiums earned	14,963,802			14,961,392									2,410	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	14,062,674			14,060,874									1,800	
18. Amount incurred for provision of health care services	15,900,421			15,898,494									1,927	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	82			75									7	
2. First quarter	372			365									7	
3. Second quarter	755			748									7	
4. Third quarter	1,313			1,306									7	
5. Current year	1,917			1,910									7	
6. Current year member months	9,686			9,602									84	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	1,620,991			1,620,991										
13. Life premiums direct	3,719			3,719										
14. Property/casualty premiums written														
15. Health premiums earned	1,517,742			1,517,742										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	1,064,652			1,064,652										
18. Amount incurred for provision of health care services	1,433,021			1,433,021										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF California DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	74			74										
2. First quarter	81			81										
3. Second quarter	91			91										
4. Third quarter	114			114										
5. Current year	136			136										
6. Current year member months	1,679			1,679										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	246,886			246,886										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	242,835			242,835										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	349,850			349,850										
18. Amount incurred for provision of health care services	365,495			365,495										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	7,020			7,020										
2. First quarter	6,801			6,801										
3. Second quarter	6,763			6,763										
4. Third quarter	6,719			6,719										
5. Current year	6,606			6,606										
6. Current year member months	81,213			81,213										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	12,204,424			12,204,424										
13. Life premiums direct	447			447										
14. Property/casualty premiums written														
15. Health premiums earned	12,176,795			12,176,795										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	12,917,211			12,908,561									8,650	
18. Amount incurred for provision of health care services	13,133,808			13,125,192									8,616	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	1,176			1,176										
2. First quarter	2,578			2,578										
3. Second quarter	3,106			3,106										
4. Third quarter	3,821			3,821										
5. Current year	4,593			4,593										
6. Current year member months	36,253			36,252									1	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	8,424,403			8,424,403										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	7,881,406			7,881,406										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	6,672,866			6,672,866										
18. Amount incurred for provision of health care services	7,708,641			7,708,641										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	36			36										
2. First quarter	41			41										
3. Second quarter	52			52										
4. Third quarter	60			60										
5. Current year	103			103										
6. Current year member months	798			798										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	150,292			150,292										
13. Life premiums direct	241			241										
14. Property/casualty premiums written														
15. Health premiums earned	125,332			125,332										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	69,504			69,504										
18. Amount incurred for provision of health care services	87,077			87,077										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	4			4										
2. First quarter	4			4										
3. Second quarter	4			4										
4. Third quarter	7			7										
5. Current year	9			9										
6. Current year member months	105			105										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	19,820			19,820										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	18,251			18,251										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	16,195			16,195										
18. Amount incurred for provision of health care services	17,800			17,800										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

30.DC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	5,263			5,263										
2. First quarter	10,599			10,599										
3. Second quarter	13,867			13,867										
4. Third quarter	17,201			17,201										
5. Current year	20,872			20,872										
6. Current year member months	159,817			159,817										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	32,239,617			32,239,407									210	
13. Life premiums direct	5,081			5,081										
14. Property/casualty premiums written														
15. Health premiums earned	31,446,530			31,446,311									219	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	19,936,345			19,936,345										
18. Amount incurred for provision of health care services	24,298,162			24,298,051									111	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	3,112	1		3,098		9							4	
2. First quarter	4,846	1		4,832		9							4	
3. Second quarter	6,007	1		5,993		9							4	
4. Third quarter	7,097	1		7,083		9							4	
5. Current year	8,144	1		8,130		9							4	
6. Current year member months	69,147	12		68,979		108							48	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	9,705,258	1,563		9,701,535		2,160								
13. Life premiums direct	753			753										
14. Property/casualty premiums written														
15. Health premiums earned	9,506,371	1,847		9,502,364		2,160								
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	7,766,088	98		7,764,644		1,346								
18. Amount incurred for provision of health care services	8,804,497	(79)		8,803,230		1,346								

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	4			4										
2. First quarter	4			4										
3. Second quarter	5			5										
4. Third quarter	4			4										
5. Current year	3			3										
6. Current year member months	59			59										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	8,659			8,659										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	8,654			8,654										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	3,514			3,514										
18. Amount incurred for provision of health care services	3,244			3,244										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	26			26										
2. First quarter	33			33										
3. Second quarter	44			44										
4. Third quarter	49			49										
5. Current year	52			52										
6. Current year member months	607			607										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	78,168			78,168										
13. Life premiums direct	506			506										
14. Property/casualty premiums written														
15. Health premiums earned	77,923			77,923										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	78,181			78,181										
18. Amount incurred for provision of health care services	84,219			84,219										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	4,056			4,055		1								
2. First quarter	6,336			6,335		1								
3. Second quarter	8,108			8,107		1								
4. Third quarter	10,860			10,859		1								
5. Current year	13,615			13,614		1								
6. Current year member months	98,160			98,148		12								
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	14,514,649			14,508,348		465							5,836	
13. Life premiums direct	4,409			4,409										
14. Property/casualty premiums written														
15. Health premiums earned	13,907,752			13,901,409		465							5,878	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	11,935,232			11,935,232										
18. Amount incurred for provision of health care services	13,939,212			13,939,661		2							(451)	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	5,761			5,748		2							11	
2. First quarter	5,607			5,598		2							7	
3. Second quarter	5,536			5,527		2							7	
4. Third quarter	5,484			5,475		2							7	
5. Current year	5,364			5,355		2							7	
6. Current year member months	67,127			67,015		24							88	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	11,900,011			11,898,988		742							281	
13. Life premiums direct	25,439			25,439										
14. Property/casualty premiums written														
15. Health premiums earned	11,850,939			11,849,906		742							291	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	11,419,679			11,419,156		523								
18. Amount incurred for provision of health care services	11,570,493			11,569,977		526							(10)	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	202			200									2	
2. First quarter	460			458									2	
3. Second quarter	639			637									2	
4. Third quarter	942			940									2	
5. Current year	1,324			1,322									2	
6. Current year member months	7,970			7,946									24	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	1,307,259			1,307,259										
13. Life premiums direct	900			900										
14. Property/casualty premiums written														
15. Health premiums earned	1,215,992			1,215,992										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	875,584			875,584										
18. Amount incurred for provision of health care services	1,098,208			1,098,208										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	5,243	3		5,237		3								
2. First quarter	5,184	3		5,178		3								
3. Second quarter	5,149	3		5,143		3								
4. Third quarter	5,121	3		5,115		3								
5. Current year	5,083	3		5,077		3								
6. Current year member months	62,000	36		61,928		36								
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	9,662,316	3,127		9,657,581		1,608								
13. Life premiums direct	13,530			13,530										
14. Property/casualty premiums written														
15. Health premiums earned	9,627,401	3,704		9,622,089		1,608								
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	9,536,903	195		9,534,988		1,720								
18. Amount incurred for provision of health care services	9,683,011	(158)		9,681,443		1,726								

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	2,372			2,372										
2. First quarter	2,901			2,901										
3. Second quarter	3,079			3,079										
4. Third quarter	3,341			3,341										
5. Current year	3,684			3,684										
6. Current year member months	36,893			36,893										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	5,769,821			5,769,821										
13. Life premiums direct	302			302										
14. Property/casualty premiums written														
15. Health premiums earned	5,724,711			5,724,711										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	5,258,474			5,258,474										
18. Amount incurred for provision of health care services	5,629,449			5,629,449										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	2,300			2,300										
2. First quarter	2,242			2,242										
3. Second quarter	2,202			2,202										
4. Third quarter	2,182			2,182										
5. Current year	2,125			2,125										
6. Current year member months	26,606			26,606										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	4,199,641			4,198,659									982	
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	4,187,551			4,186,569									982	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	3,925,748			3,925,748										
18. Amount incurred for provision of health care services	3,982,797			3,982,790									7	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	15			14									1	
2. First quarter	18			17									1	
3. Second quarter	17			16									1	
4. Third quarter	22			21									1	
5. Current year	25			24									1	
6. Current year member months	275			263									12	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	44,180			44,180										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	41,599			41,599										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	54,900			54,900										
18. Amount incurred for provision of health care services	57,782			57,782										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	6,758			6,758										
2. First quarter	8,243			8,243										
3. Second quarter	8,662			8,662										
4. Third quarter	9,179			9,179										
5. Current year	10,289			10,289										
6. Current year member months	102,485			102,485										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	17,604,780			17,604,780										
13. Life premiums direct	784			784										
14. Property/casualty premiums written														
15. Health premiums earned	17,269,677			17,269,677										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	16,580,637			16,580,637										
18. Amount incurred for provision of health care services	17,673,527			17,673,527										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	10			10										
2. First quarter	12			12										
3. Second quarter	16			16										
4. Third quarter	22			22										
5. Current year	27			27										
6. Current year member months	273			273										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	50,639			50,639										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	50,003			50,003										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	28,398			28,398										
18. Amount incurred for provision of health care services	33,024			33,024										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	4,974			4,974										
2. First quarter	5,546			5,546										
3. Second quarter	6,023			6,023										
4. Third quarter	6,681			6,681										
5. Current year	6,941			6,941										
6. Current year member months	72,021			72,021										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	10,403,294			10,402,399									895	
13. Life premiums direct	4,629			4,629										
14. Property/casualty premiums written														
15. Health premiums earned	10,319,106			10,318,197									909	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	9,373,075			9,373,075										
18. Amount incurred for provision of health care services	9,908,645			9,908,770									(125)	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	21			15									6	
2. First quarter	23			17									6	
3. Second quarter	30			24									6	
4. Third quarter	42			37									5	
5. Current year	54			49									5	
6. Current year member months	580			513									67	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	77,515			77,515										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	77,452			77,452										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	74,009			74,009										
18. Amount incurred for provision of health care services	80,984			80,984										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	1,382			1,382										
2. First quarter	1,756			1,756										
3. Second quarter	1,941			1,941										
4. Third quarter	2,093			2,093										
5. Current year	2,272			2,272										
6. Current year member months	22,700			22,700										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	3,575,146			3,575,091									55	
13. Life premiums direct	815			815										
14. Property/casualty premiums written														
15. Health premiums earned	3,552,494			3,552,439									55	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	3,334,695			3,334,695										
18. Amount incurred for provision of health care services	3,568,423			3,568,426									(3)	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	7,942			7,941									1	
2. First quarter	12,529			12,528									1	
3. Second quarter	16,630			16,629									1	
4. Third quarter	25,661			25,660									1	
5. Current year	29,949			29,948									1	
6. Current year member months	210,945			210,933									12	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	44,022,492			44,022,158									334	
13. Life premiums direct	12,036			12,036										
14. Property/casualty premiums written														
15. Health premiums earned	42,224,001			42,223,679									322	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	34,246,301			34,246,301										
18. Amount incurred for provision of health care services	40,656,160			40,656,160										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	220			217									3	
2. First quarter	608			605									3	
3. Second quarter	995			992									3	
4. Third quarter	1,593			1,590									3	
5. Current year	2,596			2,593									3	
6. Current year member months	12,632			12,596									36	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	2,120,291			2,120,291										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	1,916,156			1,916,156										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	1,233,469			1,233,469										
18. Amount incurred for provision of health care services	1,702,061			1,702,061										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	35			35										
2. First quarter	36			36										
3. Second quarter	39			39										
4. Third quarter	40			40										
5. Current year	49			49										
6. Current year member months	569			569										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	113,968			113,968										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	114,154			114,154										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	99,494			99,494										
18. Amount incurred for provision of health care services	101,482			101,482										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	974			974										
2. First quarter	956			956										
3. Second quarter	962			962										
4. Third quarter	975			975										
5. Current year	991			991										
6. Current year member months	11,730			11,730										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	2,485,790			2,485,790										
13. Life premiums direct	600			600										
14. Property/casualty premiums written														
15. Health premiums earned	2,480,546			2,480,546										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	2,161,676			2,161,676										
18. Amount incurred for provision of health care services	2,213,097			2,213,097										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	5			5										
2. First quarter	9			9										
3. Second quarter	143			143										
4. Third quarter	337			337										
5. Current year	528			528										
6. Current year member months	2,121			2,121										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	582,043			582,043										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	425,119			425,119										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	231,089			231,089										
18. Amount incurred for provision of health care services	361,083			361,083										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	10,753			10,753										
2. First quarter	15,575			15,575										
3. Second quarter	18,960			18,960										
4. Third quarter	22,745			22,745										
5. Current year	25,739			25,739										
6. Current year member months	220,023			220,023										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	36,292,298			36,292,298										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	35,571,912			35,571,912										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	26,366,281			26,366,281										
18. Amount incurred for provision of health care services	29,986,004			29,986,004										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	72			72										
2. First quarter	410			410										
3. Second quarter	627			627										
4. Third quarter	992			992										
5. Current year	1,384			1,384										
6. Current year member months	7,848			7,848										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	1,123,556			1,123,556										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	1,063,306			1,063,306										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	765,325			765,325										
18. Amount incurred for provision of health care services	990,396			990,396										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF New York DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	28			28										
2. First quarter	34			34										
3. Second quarter	51			51										
4. Third quarter	69			69										
5. Current year	84			84										
6. Current year member months	933			933										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	152,221			152,221										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	149,941			149,941										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	177,772			177,772										
18. Amount incurred for provision of health care services	193,469			193,469										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	5,728			5,727		1								
2. First quarter	6,236			6,235		1								
3. Second quarter	6,688			6,687		1								
4. Third quarter	7,184			7,183		1								
5. Current year	7,068			7,067		1								
6. Current year member months	79,369			79,357		12								
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	11,165,136			11,162,562		1,044							1,530	
13. Life premiums direct	54,818			54,818										
14. Property/casualty premiums written														
15. Health premiums earned	11,166,217			11,163,643		1,044							1,530	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	10,403,652			10,402,331		1,321								
18. Amount incurred for provision of health care services	10,865,149			10,863,821		1,320							8	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH
(LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	9			6									3	
2. First quarter	10			7									3	
3. Second quarter	113			110									3	
4. Third quarter	326			323									3	
5. Current year	550			547									3	
6. Current year member months	1,839			1,803									36	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	358,642			358,642										
13. Life premiums direct	726			726										
14. Property/casualty premiums written														
15. Health premiums earned	304,768			304,768										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	135,930			135,930										
18. Amount incurred for provision of health care services	235,714			235,714										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	5,551			5,509		41					1			
2. First quarter	7,607			7,567		39					1			
3. Second quarter	9,580			9,540		39					1			
4. Third quarter	12,818			12,778		39					1			
5. Current year	13,226			13,186		39					1			
6. Current year member months	115,111			114,629		470					12			
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	15,756,777			15,741,546		11,697							3,534	
13. Life premiums direct	61,333			61,333										
14. Property/casualty premiums written														
15. Health premiums earned	15,671,088			15,655,752		11,661							3,675	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	13,298,717			13,288,155		5,469					3,468		1,625	
18. Amount incurred for provision of health care services	14,818,698			14,811,775		5,463							1,460	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH
(LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	975			908									67	
2. First quarter	1,101			1,036									65	
3. Second quarter	1,195			1,130									65	
4. Third quarter	1,257			1,193									64	
5. Current year	1,340			1,278									62	
6. Current year member months	14,073			13,295									778	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	2,237,950			2,237,950										
13. Life premiums direct	3,461			3,461										
14. Property/casualty premiums written														
15. Health premiums earned	2,214,449			2,214,449										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	2,170,082			2,170,082										
18. Amount incurred for provision of health care services	2,291,125			2,291,125										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	13			13										
2. First quarter	17			17										
3. Second quarter	16			16										
4. Third quarter	27			27										
5. Current year	34			34										
6. Current year member months	372			372										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	53,332			51,473									1,859	
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	52,722			51,004									1,718	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	42,633			42,633										
18. Amount incurred for provision of health care services	47,305			47,255									50	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	11,070			11,068									2	
2. First quarter	10,649			10,647									2	
3. Second quarter	10,512			10,510									2	
4. Third quarter	10,435			10,433									2	
5. Current year	10,217			10,215									2	
6. Current year member months	127,451			127,427									24	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	21,500,576			21,500,521									55	
13. Life premiums direct	4,708			4,708										
14. Property/casualty premiums written														
15. Health premiums earned	21,425,903			21,425,848									55	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	20,628,914			20,628,914										
18. Amount incurred for provision of health care services	20,874,373			20,874,376									(3)	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	7			6									1	
2. First quarter	6			5									1	
3. Second quarter	6			5									1	
4. Third quarter	10			9									1	
5. Current year	11			10									1	
6. Current year member months	114			102									12	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	13,646			13,646										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	13,038			13,038										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	52,399			52,399										
18. Amount incurred for provision of health care services	53,294			53,294										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	3,842			3,842										
2. First quarter	4,037			4,037										
3. Second quarter	4,210			4,210										
4. Third quarter	4,608			4,608										
5. Current year	4,722			4,722										
6. Current year member months	51,573			51,573										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	7,722,532			7,722,532										
13. Life premiums direct	11,639			11,639										
14. Property/casualty premiums written														
15. Health premiums earned	7,702,242			7,702,242										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	7,808,984			7,808,984										
18. Amount incurred for provision of health care services	8,133,128			8,133,128										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	337			322		15								
2. First quarter	392			381		11								
3. Second quarter	439			428		11								
4. Third quarter	563			550		13								
5. Current year	644			631		13								
6. Current year member months	5,551			5,407		144								
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	840,097			833,852		6,245								
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	824,803			819,016		5,787								
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	857,889			853,373		4,516								
18. Amount incurred for provision of health care services	934,245			929,729		4,516								

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	7,426			7,426										
2. First quarter	7,296			7,296										
3. Second quarter	7,261			7,261										
4. Third quarter	7,303			7,303										
5. Current year	7,315			7,315										
6. Current year member months	87,811			87,811										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	11,364,619			11,364,415									204	
13. Life premiums direct	5,597			5,597										
14. Property/casualty premiums written														
15. Health premiums earned	11,333,751			11,333,547									204	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	11,404,520			11,404,520										
18. Amount incurred for provision of health care services	11,625,558			11,625,570									(12)	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	7,602			7,595		3							4	
2. First quarter	7,383			7,376		3							4	
3. Second quarter	7,262			7,255		3							4	
4. Third quarter	7,207			7,200		3							4	
5. Current year	7,175			7,168		3							4	
6. Current year member months	88,487			88,403		36							48	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	13,985,330			13,980,638		2,319							2,373	
13. Life premiums direct	10,170			10,170										
14. Property/casualty premiums written														
15. Health premiums earned	13,916,055			13,911,364		2,319							2,372	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	14,677,947			14,675,943		2,004								
18. Amount incurred for provision of health care services	14,874,272			14,872,043		2,004							225	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	2,464			2,461									3	
2. First quarter	2,602			2,601									1	
3. Second quarter	2,827			2,826									1	
4. Third quarter	3,239			3,238									1	
5. Current year	3,464			3,463									1	
6. Current year member months	34,302			34,290									12	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	4,817,725			4,817,725										
13. Life premiums direct	2,440			2,440										
14. Property/casualty premiums written														
15. Health premiums earned	4,765,559			4,765,559										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	5,105,824			5,105,824										
18. Amount incurred for provision of health care services	5,388,127			5,388,127										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	4			4										
2. First quarter	4			4										
3. Second quarter	8			8										
4. Third quarter	11			11										
5. Current year	13			13										
6. Current year member months	147			147										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	21,363			21,363										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	21,393			21,393										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	10,879			10,879										
18. Amount incurred for provision of health care services	13,125			13,125										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	158			158										
2. First quarter	159			159										
3. Second quarter	335			335										
4. Third quarter	1,044			1,044										
5. Current year	2,233			2,233										
6. Current year member months	7,248			7,248										
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	1,807,563			1,806,577									986	
13. Life premiums direct	31,154			31,154										
14. Property/casualty premiums written														
15. Health premiums earned	1,535,073			1,534,087									986	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	928,501			928,501										
18. Amount incurred for provision of health care services	1,323,052			1,323,045									7	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	33			32									1	
2. First quarter	37			36									1	
3. Second quarter	49			48									1	
4. Third quarter	72			71									1	
5. Current year	78			77									1	
6. Current year member months	890			878									12	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	129,089			128,122									967	
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	128,399			127,432									967	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	82,357			82,357										
18. Amount incurred for provision of health care services	92,663			92,656									7	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	18			17									1	
2. First quarter	18			17									1	
3. Second quarter	82			81									1	
4. Third quarter	186			185									1	
5. Current year	349			348									1	
6. Current year member months	1,339			1,327									12	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	262,515			262,515										
13. Life premiums direct	5,941			5,941										
14. Property/casualty premiums written														
15. Health premiums earned	236,217			236,217										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	146,893			146,893										
18. Amount incurred for provision of health care services	214,501			214,501										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	4,988			4,987		1								
2. First quarter	5,543			5,542		1								
3. Second quarter	5,990			5,989		1								
4. Third quarter	6,458			6,457		1								
5. Current year	6,897			6,897										
6. Current year member months	71,041			71,031		10								
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	11,111,726			11,108,663		211							2,852	
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	10,857,933			10,854,941		317							2,675	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	12,081,767			12,081,767										
18. Amount incurred for provision of health care services	12,686,559			12,686,381		(25)							203	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	24			21									3	
2. First quarter	29			26									3	
3. Second quarter	374			371									3	
4. Third quarter	1,088			1,085									3	
5. Current year	2,725			2,722									3	
6. Current year member months	6,900			6,864									36	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	1,735,034			1,732,365									2,669	
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	1,248,816			1,246,111									2,705	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	903,115			903,115										
18. Amount incurred for provision of health care services	1,432,544			1,432,754									(210)	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH
(LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	6												6	
2. First quarter	5												5	
3. Second quarter	5												5	
4. Third quarter	5												5	
5. Current year														
6. Current year member months														
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)														
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned														
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services														
18. Amount incurred for provision of health care services														

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year														
2. First quarter														
3. Second quarter														
4. Third quarter														
5. Current year														
6. Current year member months														
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)														
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned														
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services														
18. Amount incurred for provision of health care services														

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	1			1										
2. First quarter	1			1										
3. Second quarter	1			1										
4. Third quarter	1			1										
5. Current year														
6. Current year member months														
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	3,033			3,033										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	3,032			3,032										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	1,034			1,034										
18. Amount incurred for provision of health care services	1,078			1,078										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	1			1										
2. First quarter	2			2										
3. Second quarter	2			2										
4. Third quarter	2			2										
5. Current year														
6. Current year member months														
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	4,680			4,680										
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	4,669			4,669										
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	30,821			30,821										
18. Amount incurred for provision of health care services	31,309			31,309										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH
(LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year														
2. First quarter														
3. Second quarter														
4. Third quarter														
5. Current year														
6. Current year member months														
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)														
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned														
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services														
18. Amount incurred for provision of health care services														

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Canada DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year														
2. First quarter														
3. Second quarter														
4. Third quarter														
5. Current year														
6. Current year member months														
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)														
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned														
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services														
18. Amount incurred for provision of health care services														

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company 2. Columbus, OH (LOCATION)

NAIC Group Code 0917 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2025 NAIC Company Code 61727

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	127,050	4		126,824		92					1		129	
2. First quarter	156,548	4		156,337		86					1		120	
3. Second quarter	179,235	4		179,024		86					1		120	
4. Third quarter	212,597	4		212,386		88					1		118	
5. Current year	238,599	4		238,396		87					1		111	
6. Current year member months	2,153,435	48		2,150,953		1,044					12		1,378	
Total Member Ambulatory Encounters for Year:														
7 Physician														
8. Non-physician														
9. Total														
10. Hospital patient days incurred														
11. Number of inpatient admissions														
12. Health premiums written (b)	355,494,382	4,690		355,428,888		32,023							28,781	
13. Life premiums direct	320,041			320,041										
14. Property/casualty premiums written														
15. Health premiums earned	347,678,280	5,551		347,612,756		31,291							28,682	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	305,482,750	293		305,447,395		19,519					3,468		12,075	
18. Amount incurred for provision of health care services	335,468,145	(237)		335,437,061		19,518							11,803	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
9999999 - Totals												

NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total life and annuity - U.S. affiliates						
0699999. Total life and annuity - non-U.S. affiliates						
0799999. Total life and annuity - affiliates						
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH		46,042
88340	59-2859797	08/01/2006	Hannover Life Reassurance Co of America	FL		246,042
82627	06-0839705	02/01/1983	Swiss Re Life & Health of America Inc	MO	50,551	
0899999. Life and annuity - U.S. non-affiliates					50,551	292,084
1099999. Total life and annuity - non-affiliates					50,551	292,084
1199999. Total life and annuity					50,551	292,084
1499999. Total accident and health - U.S. affiliates						
1799999. Total accident and health - non-U.S. affiliates						
1899999. Total accident and health - affiliates						
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	48,740	36,139
88340	59-2859797	01/01/1998	Hannover Life Reassurance Co of America	FL	108	5,614
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX		
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA		6,349
1999999. Accident and health - U.S. non-affiliates					48,848	48,102
2199999. Total accident and health - non-affiliates					48,848	48,102
2299999. Total accident and health					48,848	48,102
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					99,399	340,186
2499999. Total non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Totals - Life, Annuity and Accident and Health					99,399	340,186

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - authorized U.S. affiliates													
0699999. Total General Account - authorized non-U.S. affiliates													
0799999. Total General Account - authorized affiliates													
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/G	A		25					
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/G	D	3,536	14					
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/G	SD							
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/G	LTDI			77,956				
88340	59-2859797	01/01/1998	Hannover Life Reassurance Company of America	FL	OTH/G	LTDI			1,418				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	A	265		81,394				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	LTDI							
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	MS	253,974	9,864					
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	SD	11,186	1,981	12,331				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	D	8,648	546					
88340	59-2859797	01/01/1998	Hannover Life Reassurance Company of America	FL	OTH/I	SD	1,580	561					
67679	23-1609793	08/01/2006	American Republic Insurance Company	IA	OTH/I	CMM	4,690	139					
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/I	MS							
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/I	SD	28						
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/G	MS							
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/G	LTDI							
62235	01-0278678	01/01/1994	UNUM Life Insurance Company	ME	OTH/G	LTDI			8,507				
0899999. General Account - authorized U.S. non-affiliates							283,907	13,130	181,606				
1099999. Total General Account - authorized non-affiliates							283,907	13,130	181,606				
1199999. Total General Account authorized							283,907	13,130	181,606				
1499999. Total General Account - unauthorized U.S. affiliates													
1799999. Total General Account - unauthorized non-U.S. affiliates													
1899999. Total General Account - unauthorized affiliates													
2199999. Total General Account - unauthorized non-affiliates													
2299999. Total General Account unauthorized													
2599999. Total General Account - certified U.S. affiliates													
2899999. Total General Account - certified non-U.S. affiliates													
2999999. Total General Account - certified affiliates													
3299999. Total General Account - certified non-affiliates													
3399999. Total General Account certified													
3699999. Total General Account - reciprocal jurisdiction U.S. affiliates													
3999999. Total General Account - reciprocal jurisdiction non-U.S. affiliates													
4099999. Total General Account - reciprocal jurisdiction affiliates													
4399999. Total General Account - reciprocal jurisdiction non-affiliates													
4499999. Total General Account reciprocal jurisdiction													
4599999. Total General Account authorized, unauthorized, reciprocal jurisdiction and certified							283,907	13,130	181,606				
4899999. Total Separate Accounts - authorized U.S. affiliates													
5199999. Total Separate Accounts - authorized non-U.S. affiliates													
5299999. Total Separate Accounts - authorized affiliates													
5599999. Total Separate Accounts - authorized non-affiliates													
5699999. Total Separate Accounts authorized													
5999999. Total Separate Accounts - unauthorized U.S. affiliates													
6299999. Total Separate Accounts - unauthorized non-U.S. affiliates													
6399999. Total Separate Accounts - unauthorized affiliates													
6699999. Total Separate Accounts - unauthorized non-affiliates													
6799999. Total Separate Accounts unauthorized													
7099999. Total Separate Accounts - certified U.S. affiliates													
7399999. Total Separate Accounts - certified non-U.S. affiliates													
7499999. Total Separate Accounts - certified affiliates													
7799999. Total Separate Accounts - certified non-affiliates													
7899999. Total Separate Accounts certified													

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief 11 Current Year	 12 Prior Year	13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
8199999. Total Separate Accounts - reciprocal jurisdiction U.S. affiliates													
8499999. Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates													
8599999. Total Separate Accounts - reciprocal jurisdiction affiliates													
8899999. Total Separate Accounts - reciprocal jurisdiction non-affiliates													
8999999. Total Separate Accounts reciprocal jurisdiction													
9099999. Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified													
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							283,907	13,130	181,606				
9299999. Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)													
9999999 - Totals							283,907	13,130	181,606				

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

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

		1 2025	2 2024	3 2023	4 2022	5 2021
	A. OPERATIONS ITEMS					
1.	Premiums	284	340	454	508	661
2.	Title XVIII - Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance	28	32	42	48	66
5.	Total hospital and medical expenses	182	207	254	301	421
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable	64	90	104	134	155
7.	Claims payable	340	409	90	86	171
8.	Reinsurance recoverable on paid losses	99	48	48	63	129
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers					
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)					
14.	Letters of credit (L)					
15.	Trust agreements (T)					
16.	Other (O)					
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	158,876,745		158,876,745
2.	Accident and health premiums due and unpaid (Line 15)	969,306		969,306
3.	Amounts recoverable from reinsurers (Line 16.1)	99,399	(99,399)	
4.	Net credit for ceded reinsurance	XXX	8,627,358	8,627,358
5.	All other admitted assets (Balance)	5,683,798	(9,105)	5,674,693
6.	Total assets (Line 28)	165,629,248	8,518,854	174,148,102
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	56,068,213	340,186	56,408,399
8.	Accrued medical incentive pool and bonus payments (Line 2)			
9.	Premiums received in advance (Line 8)	7,893,952	4,219	7,898,171
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)			
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14.	All other liabilities (Balance)	17,896,648	8,174,449	26,071,097
15.	Total liabilities (Line 24)	81,858,813	8,518,854	90,377,667
16.	Total capital and surplus (Line 33)	83,770,435	XXX	83,770,435
17.	Total liabilities, capital and surplus (Line 34)	165,629,248	8,518,854	174,148,102
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	340,186		
19.	Accrued medical incentive pool			
20.	Premiums received in advance	4,219		
21.	Reinsurance recoverable on paid losses	99,399		
22.	Other ceded reinsurance recoverables	9,105		
23.	Total ceded reinsurance recoverables	452,909		
24.	Premiums receivable			
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26.	Unauthorized reinsurance			
27.	Reinsurance with Certified Reinsurers			
28.	Funds held under reinsurance treaties with Certified Reinsurers			
29.	Other ceded reinsurance payables/offsets	(8,174,449)		
30.	Total ceded reinsurance payables/offsets	(8,174,449)		
31.	Total net credit for ceded reinsurance	8,627,358		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	14,009	7,800				21,809
2. Alaska	AK	583					583
3. Arizona	AZ	6,470	25,000				31,470
4. Arkansas	AR	3,719					3,719
5. California	CA						
6. Colorado	CO	447					447
7. Connecticut	CT						
8. Delaware	DE	241					241
9. District of Columbia	DC						
10. Florida	FL	5,081					5,081
11. Georgia	GA	753					753
12. Hawaii	HI						
13. Idaho	ID	506					506
14. Illinois	IL	4,409					4,409
15. Indiana	IN	23,439	2,000				25,439
16. Iowa	IA	900					900
17. Kansas	KS	13,530					13,530
18. Kentucky	KY	302					302
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD	784					784
22. Massachusetts	MA						
23. Michigan	MI	4,629					4,629
24. Minnesota	MN						
25. Mississippi	MS	815					815
26. Missouri	MO	12,036					12,036
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV	600					600
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC	54,818					54,818
35. North Dakota	ND	726					726
36. Ohio	OH	53,183	8,150				61,333
37. Oklahoma	OK	3,461					3,461
38. Oregon	OR						
39. Pennsylvania	PA	4,108	600				4,708
40. Rhode Island	RI						
41. South Carolina	SC	11,639					11,639
42. South Dakota	SD						
43. Tennessee	TN	5,597					5,597
44. Texas	TX	10,170					10,170
45. Utah	UT	2,440					2,440
46. Vermont	VT						
47. Virginia	VA	31,154					31,154
48. Washington	WA						
49. West Virginia	WV	5,941					5,941
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate other alien	OT						
59. Total		276,490	43,550				320,040

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
0917	HCSC GROUP	70670	36-1236610		0000350793		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	IL	UIP			0.000		NO	
0917	HCSC GROUP	71129	36-2598882	003857522			DEARBORN LIFE INSURANCE COMPANY	IL	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	85090	22-3026145				DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	NY	DS	DEARBORN LIFE INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	36-3339483				DENTAL NETWORK OF AMERICA, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	36-3339483				DENTAL NETWORK OF AMERICA, LLC	DE	DS	DEARBORN LIFE INSURANCE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000001
		00000	38-2612298				DENTEMAX, LLC	DE	DS	DENTAL NETWORK OF AMERICA, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-1067299				DENTAL SOLUTIONS, INC.	MI	DS	DENTEMAX, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000002
		00000	36-4186601				HCSC PURCHASING, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	78611	73-1350270				HCSC INSURANCE SERVICES COMPANY	IL	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	38-4358504				PRIME HEALTH HOLDINGS LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	39.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	59-3715944				AVAILITY, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	21.400	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	81-2760646				CAREALLIES, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	85-0954556				CAREALLIES ACCOUNTABLE CARE COLLABORATIVE, LLC	DE	DS	CAREALLIES, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	87-1813801				CAREALLIES ACCOUNTABLE CARE SOLUTIONS, LLC	DE	DS	CAREALLIES, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	88-4112374				CAPITAL GROUP FOR BETTER HEALTH, LLC	DE	DS	CAREALLIES, INC.	Ownership	51.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	46-3985383				COLLECTIVEHEALTH, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	12.400	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
0917	HCSC GROUP	29718	73-1507369				GHS INSURANCE COMPANY	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	73-1514691				GHS GENERAL INSURANCE AGENCY, INC.	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	11814	73-1191843				GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUELINCS HMO	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	23-2530889		0001367705		MEDECISION, INC.	PA	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	88-4252820				EXCELL HEALTHCARE ADVISORS, LLC	DE	DS	MEDECISION, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	80-0849331				GSI HEALTH, LLC	PA	DS	MEDECISION, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	27-4269034		0001508432		HEALTH INTELLIGENCE COMPANY LLC D/B/A BLUE HEALTH INTELLIGENCE	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	10.600	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	30-0802612				INNOVISTA, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	83-3093990				ESSENTIAL HEALTH PARTNERS, LLC	IL	DS	INNOVISTA, LLC	Ownership, Board of Directors	40.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	99-4379181				INNOVISTA HEALTH PARTNERS, LLC	TX	DS	INNOVISTA, LLC	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
		00000	83-4213500				INNOVISTA MEDICAL CENTER TEXAS, LLC D/B/A INNOVISTA MEDICAL CENTER	TX	DS	INNOVISTA, LLC	Ownership, Board of Directors	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	47-5298764				SOLERA HEALTH, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	28.500	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	86-0813402				TRIWEST ALLIANCE, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	15.500	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	37-1789176				HCSC VENTURES, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	83-2215567				ALACURA HOLDINGS, INC.	DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	23.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000007
		00000	26-2930757		0001439779		BLUECROSS BLUESHIELD VENTURES, INC.	DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	21.600	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	26-2936839		0001439778		BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.	DE	DS	BLUECROSS BLUESHIELD VENTURES, INC.	Ownership, Management	1.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
		00000	26-2936839		0001439778		BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.	DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	21.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
		00000	47-1692551				COGITATIVO, INC	DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	14.700	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	47-0970280		0001612123		HEALTHBOX CHICAGO III LLC	DE	DS	HCSC VENTURES, INC.	Ownership	36.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	87-4386908				HCSC INVESTMENTS, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	16013	61-1782332				ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	IL	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	16359	38-3984430				505 INSURANCE COMPANY	NM	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	15941	36-4836697				TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	TX	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	84-2710924				SOUTH WATER INSURANCE COMPANY	UT	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	0000004
		00000	35-1846036				LUMINARE HEALTH BENEFITS, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	99-1184798				HCSC MEDICARE HOLDINGS INC.	DE	UIP	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	99-1194574				HCSC MEDICARE INC.	DE	UDP	HCSC MEDICARE HOLDINGS INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	34-1970892				CERES SALES OF OHIO, LLC	OH	DS	HCSC MEDICARE INC.	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	95604	84-1004500				HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIGNA HEALTHCARE OF COLORADO, INC.)	CO	DS	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	61727	34-0970995				HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE COMPANY)	OH	RE	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	67903	23-1335885				PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	OH	DS	CIGNA NATIONAL HEALTH INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	65269	75-2305400				HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANCE COMPANY)	OH	DS	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-1821898				HEALTHSPRING, INC.	DE	DS	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0628370				NEWQUEST, LLC	TX	DS	HEALTHSPRING, INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	12902	20-8534298				HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	IL	DS	NEWQUEST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
		00000	20-8647386				HEALTHSPRING MANAGEMENT OF AMERICA, LLC	DE	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	11532	65-1129599				HEALTHSPRING OF FLORIDA, INC.	FL	DS	NEWQUEST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	72-1559530				HEALTHSPRING USA, LLC	TN	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	75-3108521				HOUQUEST, LLC	DE	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0657035				GULFQUEST, LP	TX	DS	HOUQUEST, LLC	Ownership, Management	99.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
		00000	52-1929677				NEWQUEST MANAGEMENT NORTHEAST, LLC	DE	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	11524	52-2363406				BRAVO HEALTH PENNSYLVANIA, INC.	PA	DS	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	10095	52-2259087				BRAVO HEALTH MID-ATLANTIC, INC.	MD	DS	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	33-1033586				NEWQUEST MANAGEMENT ALABAMA, LLC	AL	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-4954206				NEWQUEST MANAGEMENT OF FLORIDA, LLC	FL	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	77-0632665				NEWQUEST MANAGEMENT OF ILLINOIS, LLC	IL	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-5524622				TENNESSEE QUEST, LLC	TN	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	75-3108527				TEXQUEST, LLC	DE	DS	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0657035				GULFQUEST, LP	TX	DS	TEXQUEST, LLC	Ownership, Management	1.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000003
0917	HCSC GROUP	65722	63-0343428				LOYAL AMERICAN LIFE INSURANCE COMPANY	OH	DS	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	88366	59-2760189				AMERICAN RETIREMENT LIFE INSURANCE COMPANY	OH	DS	LOYAL AMERICAN LIFE INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	34720	13-3506395				MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK	NY	DS	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	63762	42-1425239				MEDCO CONTAINMENT LIFE INSURANCE COMPANY	PA	DS	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	77399	13-1867829				STERLING LIFE INSURANCE COMPANY	IL	DS	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	84-4777602				CIVICASCRIPT, LLC	DE	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000008
		00000	75-2393811				CARING FOR CHILDREN FOUNDATION OF TEXAS, INC.	TX	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000004
		00000	41-3110584				HCSC COMMUNITY IMPACT FOUNDATION	DE	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000004
		00000	35-2613131				THE CARING FOUNDATION OF MONTANA, INC.	MT	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000004
		00000	73-1470846				THE OKLAHOMA CARING FOUNDATION, INC.	OK	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000005
		00000	36-6057472				PLANITES CREDIT UNION	IL	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000006
		00000	75-6020171				LIFETIME FEDERAL CREDIT UNION	TX	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	0000006

Asterisk	Explanation
	Except in this case, Column 11 includes only those entities with an ownership interest in a corresponding downstream subsidiary (DS) listed in Column 8
	Ownership (shell company)
	Reflect direct ownership percentages only
	Majority of the directors are employees or directors of HCSC
	6 of 10 directors are employees of HCSC, all officers are HCSC employees, and HCSC provides support and staffing
	All members and directors are current or former HCSC and affiliate employees and their families, and HCSC provides support
	Includes 2.78% passive investment through private equity funds.
	HCSC controls 1 of 10 board seats

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
70670	36-1236610	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RE	1,047,363,521	(1,833,102,608)							(785,739,087)	1,820,480
78611	73-1350270	HCSC INSURANCE SERVICES COMPANY		21,015,000							21,015,000	3,868,954
11814	73-1191843	GHS HMO INC DBA BLUELINCS HMO										37,586,744
29718	73-1507369	GHS INS CO		9,760,000							9,760,000	
16013	61-1782332	ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY		12,415,000							12,415,000	
71129	36-2598882	DEARBORN LIFE INSURANCE COMPANY	(916,075,164)	(500,000)							(916,575,164)	
85090	22-3026145	DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YO		500,000							500,000	
00000	37-1789176	HCSC VENTURES, INC.	(20,233,609)	162,479,846							142,246,237	
00000	35-1846036	LUMINARE HEALTH BENEFITS, INC.		38,886,513							38,886,513	
00000	84-2710924	SOUTH WATER INSURANCE COMPANY										(43,276,178)
00000	23-2530889	MEDECISION, INC.		25,850,870							25,850,870	
00000	87-4386908	HCSC INVESTMENTS, LLC	(111,054,748)	61,700,000							(49,354,748)	
00000	30-0802612	INNOVISTA, LLC		29,995,379							29,995,379	
00000	99-1184798	HCSC MEDICARE HOLDINGS INC.	23,000,000								23,000,000	
00000	99-1194574	HCSC MEDICARE INC.										
61727	34-0970995	HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FK		167,000,000							167,000,000	
67903	23-1335885	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY										
65269	75-2305400	HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANC		50,000,000							50,000,000	
65722	63-0343428	LOYAL AMERICAN LIFE INSURANCE COMPANY	(20,000,000)								(20,000,000)	
77399	13-1867829	STERLING LIFE INSURANCE COMPANY	(3,000,000)								(3,000,000)	
00000	76-0657035	GULFQUEST, LP					449,547,893				449,547,893	
12902	20-8534298	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.		804,000,000			(689,955,231)				114,044,769	
00000	33-1033586	NEWQUEST MANAGEMENT ALABAMA, LLC					240,407,338				240,407,338	
95604	84-1004500	HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIG		100,000,000							100,000,000	
00000	76-0628370	NEWQUEST, LLC										
11532	65-1129599	HEALTHSPRING OF FLORIDA, INC.		120,000,000							120,000,000	
00000	52-1929677	NEWQUEST MANAGEMENT NORTHEAST, LLC										
11524	52-2363406	BRAVO HEALTH PENNSYLVANIA, INC.		230,000,000							230,000,000	
9999999 Control Totals									XXX			

SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NONE	0.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
DEARBORN LIFE INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	DEARBORN LIFE INSURANCE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HCSC INSURANCE SERVICES COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
GHS INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUELINCS HMO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
505 INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIGNA HEALTHCARE OF COLORADO, INC.)	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE COMPANY)	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE COMPANY)	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANCE COMPANY)	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	NEWQUEST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
HEALTHSPRING OF FLORIDA, INC.	NEWQUEST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
BRAVO HEALTH PENNSYLVANIA, INC.	NEWQUEST MANAGEMENT NORTHEAST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
BRAVO HEALTH MID-ATLANTIC, INC.	NEWQUEST MANAGEMENT NORTHEAST, LLC	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
LOYAL AMERICAN LIFE INSURANCE COMPANY	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
AMERICAN RETIREMENT LIFE INSURANCE COMPANY	LOYAL AMERICAN LIFE INSURANCE COMPANY	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
MEDCO CONTAINMENT LIFE INSURANCE COMPANY	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO
STERLING LIFE INSURANCE COMPANY	HCSC MEDICARE INC.	100.000	NO	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	HCSC GROUP	100.000	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an Actuarial Opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an Audited Financial Report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

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

	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	YES
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	YES
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	YES
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Explanations:

12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.

Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]

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

15. Medicare Part D Coverage Supplement [Document Identifier 365]

16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

18. Relief from the Requirements for Audit Committees [Document Identifier 226]

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]

22. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]

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

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Alabama
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MJ	J	YES	0034000	02/09/2007	07/24/2009			MEDICARE SUPPLEMENT		346						
YES	CNHIC-MS-AA-A-AL	A	YES	0034000	12/21/2020				MEDICARE SUPPLEMENT								
YES	CNHIC-MS-AA-F-AL	F	YES	0034000	12/21/2020				MEDICARE SUPPLEMENT	277,924	338,364	121.7	108	528,307	488,446	92.5	212
YES	CNHIC-MS-AA-G-AL	G	YES	0034060	12/21/2020				MEDICARE SUPPLEMENT	653,588	672,961	103.0	346	2,251,980	2,013,586	89.4	1,377
YES	CNHIC-MS-AA-N-AL	N	YES	0034060	12/21/2020				MEDICARE SUPPLEMENT	211,906	331,138	156.3	156	504,517	465,167	92.2	453
0199999. Total experience on individual policies										1,143,417	1,342,809	117.4	610	3,284,805	2,967,198	90.3	2,042

360.AL

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Alaska
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022			14	Policies Issued in 2023; 2024; 2025			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Arizona
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	CNHIC-MS-IA-A-AZ	A	NO	0034000	12/12/2022				MEDICARE SUPPLEMENT					5,027	551	11.0	4
YES	CNHIC-MS-IA-F-AZ	F	NO	0034000	12/12/2022				MEDICARE SUPPLEMENT					2,126,980	2,282,716	107.3	1,206
YES	CNHIC-MS-IA-G-AZ	G	NO	0034060	12/12/2022				MEDICARE SUPPLEMENT					10,535,407	11,535,622	109.5	9,272
YES	CNHIC-MS-IA-HDG-AZ	G	NO	0034060	12/12/2022				MEDICARE SUPPLEMENT					98,623	40,486	41.1	221
YES	CNHIC-MS-IA-N-AZ	N	NO	0034060	12/12/2022				MEDICARE SUPPLEMENT					2,217,422	2,089,925	94.3	2,656
0199999. Total experience on individual policies														14,983,460	15,949,301	106.4	13,359

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 1 7 2 7 2 0 2 5 3 6 0 0 4 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Arkansas
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3IF(AR)	F	NO	0034000	01/12/2004			05/31/2010	MEDICARE SUPPLEMENT	5,476	8,584	156.8	1				
YES	CNHIC-MS-CR-A-AR	A	NO		04/04/2024									316	204	64.3	1
YES	CNHIC-MS-CR-F-AR	F	NO		04/04/2024									115,188	143,599	124.7	95
YES	CNHIC-MS-CR-G-AR	G	NO		04/04/2024									1,201,921	1,124,113	93.5	1,590
YES	CNHIC-MS-CR-HDG-AR	G	NO		04/04/2024									5,024	916	18.2	13
YES	CNHIC-MS-CR-N-AR	N	NO		04/04/2024									92,216	52,273	56.7	151
0199999. Total experience on individual policies										5,476	8,584	156.8	1	1,414,665	1,321,105	93.4	1,850

360.AR

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF California
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Colorado
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	CNHIC-MS-AA-A-CO	A	NO	0034000	02/23/2021				Modernized Medicare Supplement								
YES	CNHIC-MS-AA-F-CO	F	NO	0034000	02/23/2021				Modernized Medicare Supplement	643,955	657,991	102.2	237	1,154,497	1,242,277	107.6	460
YES	CNHIC-MS-AA-G-CO	G	NO	0034060	02/23/2021				Modernized Medicare Supplement	2,783,070	3,335,868	119.9	1,420	6,421,935	6,614,340	103.0	3,494
YES	CNHIC-MS-AA-N-CO	N	NO	0034060	02/23/2021				Modernized Medicare Supplement	597,121	653,803	109.5	413	1,080,224	1,214,169	112.4	836
0199999. Total experience on individual policies										4,024,146	4,647,662	115.5	2,070	8,656,656	9,070,786	104.8	4,790

360.CO

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Connecticut
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-CR-A-CT	A	NO	0034000	04/10/2023				MEDICARE SUPPLEMENT					7,000	24,419	348.9	2
YES	CNHIC-MS-CR-F-CT	F	NO	0034000	04/10/2023				MEDICARE SUPPLEMENT					234,982	269,945	114.9	78
YES	CNHIC-MS-CR-G-CT	G	NO	0034060	04/10/2023				MEDICARE SUPPLEMENT					5,723,744	5,999,534	104.8	2,896
YES	CNHIC-MS-CR-HDG-CT	G	NO	0034060	04/10/2023				MEDICARE SUPPLEMENT					54,857	16,684	30.4	86
YES	CNHIC-MS-CR-N-CT	N	NO	0034060	04/10/2023				MEDICARE SUPPLEMENT					1,960,569	1,521,455	77.6	1,574
0199999. Total experience on individual policies														7,981,153	7,832,037	98.1	4,636

360.CT

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Delaware
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	HNHIC-MS-AA-A-DE	A	NO		07/25/2025												
YES	HNHIC-MS-AA-F-DE	F	NO		07/25/2025									1,234	1,693	137.3	5
YES	HNHIC-MS-AA-G-DE	G	NO		07/25/2025									6,705	7,439	110.9	32
YES	HNHIC-MS-AA-HDG-DE	G	NO		07/25/2025												
0199999. Total experience on individual policies														7,939	9,132	115.0	37

360.DE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF District of Columbia
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.DC

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Florida
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	CNHIC-MS-IA-A-FL	A	NO		01/05/2024									1,625	1,273	78.3	2
YES	CNHIC-MS-IA-F-FL	F	NO		01/05/2024									1,961,274	2,059,750	105.0	708
YES	CNHIC-MS-IA-G-FL	G	NO		01/05/2024									21,221,423	16,646,050	78.4	13,306
YES	CNHIC-MS-IA-HDG-FL	G	NO		01/05/2024									415,840	222,831	53.6	568
YES	CNHIC-MS-IA-N-FL	N	NO		01/05/2024									7,163,471	4,680,327	65.3	5,877
0199999. Total experience on individual policies														30,763,633	23,610,232	76.7	20,461

360.FL

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Georgia
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-IA-HDG-GA	G	NO	0034060	01/09/2023				MEDICARE SUPPLEMENT					91,646	25,476	27.8	185
YES	CNHIC-MS-IA-N-GA	N	NO	0034060	01/09/2023				MEDICARE SUPPLEMENT					2,002,953	1,628,580	81.3	2,380
NO			NO														
YES	3IG(GA)	G	NO	0034000	12/31/2003	07/24/2009			MEDICARE SUPPLEMENT	3,625	15	0.4	1				
YES	CNHIC-MS-IA-A-GA	A	NO	0034000	01/09/2023				MEDICARE SUPPLEMENT								
YES	CNHIC-MS-IA-F-GA	F	NO	0034000	01/09/2023				MEDICARE SUPPLEMENT					1,341,235	1,466,676	109.4	682
YES	CNHIC-MS-IA-G-GA	G	NO	0034060	01/09/2023				MEDICARE SUPPLEMENT					5,962,015	5,602,244	94.0	4,853
0199999. Total experience on individual policies										3,625	15	0.4	1	9,397,849	8,722,975	92.8	8,100

360.GA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Hawaii
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Idaho
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022			14	Policies Issued in 2023; 2024; 2025			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.ID

6172720253601410 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Illinois
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MD(IL)	D	NO	0034060	11/18/2003	07/25/2009			MEDICARE SUPPLEMENT	8,244	6,921	84.0	1				
YES	3ME(IL)	E	NO	0034060	11/04/2005	07/25/2009			MEDICARE SUPPLEMENT	6,933	80	1.2	1				
YES	3MF(IL)	F	NO	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT	1,309	(678)	(51.8)					
YES	3MH(IL)	H	NO	0034060	09/21/2007	07/25/2009			MEDICARE SUPPLEMENT	4,976	10,636	213.8	1				
YES	3MJ(IL)	J	NO	0034060	09/21/2007	07/25/2009			MEDICARE SUPPLEMENT	8,193	7,651	93.4	1				
YES	3MK(IL)	F	NO	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,092	(129)	(11.8)					
YES	CNHIC-MS-AA-A-IL	A	NO	0034000	03/07/2023				MEDICARE SUPPLEMENT					1,352	255	18.8	1
YES	CNHIC-MS-AA-F-IL	F	NO	0034000	03/07/2023				MEDICARE SUPPLEMENT					1,348,979	1,444,757	107.1	751
YES	CNHIC-MS-AA-G-IL	G	NO	0034060	03/07/2023				MEDICARE SUPPLEMENT					8,960,498	8,816,080	98.4	8,200
YES	CNHIC-MS-AA-HDG-IL	G	NO	0034060	03/07/2023				MEDICARE SUPPLEMENT					60,491	36,143	59.7	135
YES	CNHIC-MS-AA-N-IL	N	NO	0034060	03/07/2023				MEDICARE SUPPLEMENT					3,582,075	3,627,489	101.3	4,613
0199999. Total experience on individual policies										30,747	24,481	79.6	4	13,953,396	13,924,725	99.8	13,700

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Indiana
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3ME	E	NO	0034000	11/01/2005	07/29/2009			MEDICARE SUPPLEMENT	3,347	1,521	45.4					
YES	3MF	F	NO	0034000	12/22/2003			05/31/2010	MEDICARE SUPPLEMENT	8,133	33,332	409.8	1				
YES	3MJ(IN)	J	NO	0034000	04/11/2007	07/29/2009			MEDICARE SUPPLEMENT	6,795	8,226	121.0	1				
YES	3MK	F	NO	0034000	12/22/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	490	(98)	(20.1)					
YES	CNHIC-MS-AA-A	A	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT								
YES	CNHIC-MS-AA-F	F	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	813,946	787,428	96.7	228	503,531	385,746	76.6	148
YES	CNHIC-MS-AA-G	G	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	6,457,018	6,511,581	100.8	2,963	2,982,632	2,802,195	94.0	1,364
YES	CNHIC-MS-AA-N	N	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	743,339	645,074	86.8	417	437,059	455,238	104.2	275
0199999. Total experience on individual policies										8,033,068	7,987,063	99.4	3,610	3,923,222	3,643,179	92.9	1,787

360.IN

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Iowa
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MF(IA)	F	NO	0034000	01/27/2004			05/31/2010	MEDICARE SUPPLEMENT	12,792	4,646	36.3	2				
YES	3MG(IA)	G	NO	0034000	01/27/2004	07/25/2009			MEDICARE SUPPLEMENT	24,582	43,230	175.9	5				
YES	CNHIC-MS-AA-A.v2-IA	A	NO		02/07/2024												
YES	CNHIC-MS-AA-F.v2-IA	F	NO		02/07/2024									180,595	181,626	100.6	113
YES	CNHIC-MS-AA-G.v2-IA	G	NO		02/07/2024									840,983	736,813	87.6	986
YES	CNHIC-MS-AA-HDG.v2-IA	G	NO		02/07/2024									1,065	229	21.5	5
YES	CNHIC-MS-AA-N.v2-IA	N	NO		02/07/2024									129,138	79,936	61.9	195
0199999. Total experience on individual policies										37,374	47,876	128.1	7	1,151,781	998,604	86.7	1,299

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Kansas
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022			14	Policies Issued in 2023; 2024; 2025			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MF(KS)	F	NO	0034060	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT	27,811	10,759	38.7	4				
YES	3MG(KS)	G	NO	0034060	02/04/2004	07/25/2009			MEDICARE SUPPLEMENT	6,765	3,378	49.9	1				
YES	3MJ(KS)	J	NO	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	24,275	10,700	44.1	3				
YES	CNHIC-MS-AA-A-KS	A	NO	0034000	05/10/2021				Modernized Medicare Supplement								
YES	CNHIC-MS-AA-F-KS	F	NO	0034000	05/10/2021				Modernized Medicare Supplement	622,787	550,714	88.4	211	640,496	741,668	115.8	222
YES	CNHIC-MS-AA-G-KS	G	NO	0034060	05/10/2021				Modernized Medicare Supplement	1,999,943	1,753,575	87.7	1,048	4,858,795	4,964,968	102.2	2,639
YES	CNHIC-MS-AA-N-KS	N	NO	0034060	05/10/2021				Modernized Medicare Supplement	330,444	394,205	119.3	207	853,104	947,016	111.0	605
YES	CNHIC-MS-OA-F-KS	F	NO	0034000	05/10/2021				Modernized Medicare Supplement	18,755	16,617	88.6	7	20,473	11,948	58.4	8
YES	CNHIC-MS-OA-G-KS	G	NO	0034060	05/10/2021				Modernized Medicare Supplement	45,421	90,209	198.6	26	158,681	169,257	106.7	90
YES	CNHIC-MS-OA-N-KS	N	NO	0034060	05/10/2021				Modernized Medicare Supplement	15,508	13,576	87.5	10	25,724	8,463	32.9	19
0199999. Total experience on individual policies										3,091,710	2,843,733	92.0	1,517	6,557,273	6,843,319	104.4	3,583

360.KS

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Kentucky
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3ME(KY)	E	NO	0034060	11/16/2005	07/25/2009			MEDICARE SUPPLEMENT	5,385	1,258	23.4	1				
YES	3MI(KY)	I	NO	0034060	06/02/2006	07/25/2009			MEDICARE SUPPLEMENT								
YES	CNHIC-MS-AA-A-KY	A	NO	0034000	01/25/2022				Modernized Medicare Supplement Insurance Plan								
YES	CNHIC-MS-AA-F-KY	F	NO	0034000	01/25/2022				Modernized Medicare Supplement Insurance Plan	106,833	111,913	104.8	39	1,028,417	1,057,387	102.8	412
YES	CNHIC-MS-AA-G-KY	G	NO	0034060	01/25/2022				Modernized Medicare Supplement Insurance Plan	322,792	367,200	113.8	163	2,916,436	2,771,589	95.0	1,795
YES	CNHIC-MS-AA-HDG-KY	G	NO	0034060	01/25/2022				Modernized Medicare Supplement Insurance Plan	2,533	(12)	(0.5)	3	19,372	4,467	23.1	29
YES	CNHIC-MS-AA-N-KY	N	NO	0034060	01/25/2022				Modernized Medicare Supplement Insurance Plan	70,340	111,173	158.1	51	1,238,100	1,192,235	96.3	1,178
0199999. Total experience on individual policies										507,883	591,532	116.5	257	5,202,325	5,025,678	96.6	3,414

360.KY

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Louisiana
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MF(LA)R	F	NO	0034060	10/14/2003			05/31/2010	MEDICARE SUPPLEMENT	8,023	1,026	12.8	1				
YES	CNHIC-MS-AA-F-LA	F	NO	0034000	03/25/2021				Modernized Medicare Supplement	315,827	330,622	104.7	112	571,389	525,264	91.9	219
YES	CNHIC-MS-AA-G-LA	G	NO	0034060	03/25/2021				Modernized Medicare Supplement	646,862	551,362	85.2	306	2,075,977	2,113,598	101.8	1,059
YES	CNHIC-MS-AA-N-LA	N	NO	0034060	03/25/2021				Modernized Medicare Supplement	172,777	186,162	107.7	116	435,597	332,994	76.4	332
0199999. Total experience on individual policies										1,143,490	1,069,171	93.5	535	3,082,963	2,971,856	96.4	1,610

360.LA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Maine
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022			14	Policies Issued in 2023; 2024; 2025			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Maryland
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-AA-A-MD	A	NO	0034000	06/03/2021				Modernized Medicare Supplement	7,269	50,389	693.2	2	24,009	22,098	92.0	7
YES	CNHIC-MS-AA-F-MD	F	NO	0034000	06/03/2021				Modernized Medicare Supplement	473,083	449,618	95.0	159	2,149,593	2,159,604	100.5	871
YES	CNHIC-MS-AA-G-MD	G	NO	0034060	06/03/2021				Modernized Medicare Supplement	1,541,176	1,782,739	115.7	641	8,924,871	9,383,111	105.1	4,971
YES	CNHIC-MS-AA-N-MD	N	NO	0034060	06/03/2021				Modernized Medicare Supplement	699,260	774,672	110.8	425	3,820,192	3,327,114	87.1	3,402
0199999. Total experience on individual policies										2,720,789	3,057,418	112.4	1,227	14,918,665	14,891,926	99.8	9,251

360.MD

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Massachusetts.....
NAIC Group Code 0917 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Columbus , OH 43219 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082 .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601 .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Michigan
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	CNHIC-MS-AA-A-MI	A	NO	0034000	03/09/2021				Modernized Medicare Supplement					2,554	1,858	72.8	1
YES	CNHIC-MS-AA-F-MI	F	NO	0034000	03/09/2021				Modernized Medicare Supplement	361,502	307,369	85.0	115	580,866	547,774	94.3	222
YES	CNHIC-MS-AA-G-MI	G	NO	0034060	03/09/2021				Modernized Medicare Supplement	877,026	828,915	94.5	450	5,603,844	5,440,173	97.1	3,785
YES	CNHIC-MS-AA-N-MI	N	NO	0034060	03/09/2021				Modernized Medicare Supplement	621,126	594,771	95.8	392	2,295,555	2,193,503	95.6	1,993
0199999. Total experience on individual policies										1,859,653	1,731,055	93.1	957	8,482,818	8,183,308	96.5	6,001

360.MI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Minnesota
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.MN

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Mississippi
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	CNHIC-MS-AA-A-MS	A	NO	0034000	03/30/2022				Modernized Medicare Supplement Insurance Plan					3,992	61	1.5	2
YES	CNHIC-MS-AA-F-MS	F	NO	0034000	03/30/2022				Modernized Medicare Supplement Insurance Plan	80,734	154,163	191.0	34	1,072,447	992,140	92.5	515
YES	CNHIC-MS-AA-G-MS	G	NO	0034060	03/30/2022				Modernized Medicare Supplement Insurance Plan	118,660	136,106	114.7	58	1,790,156	1,829,926	102.2	1,217
YES	CNHIC-MS-AA-HDG-MS	G	NO	0034060	03/30/2022				Modernized Medicare Supplement Insurance Plan	2,947	53	1.8	2	9,759	732	7.5	19
YES	CNHIC-MS-AA-N-MS	N	NO	0034060	03/30/2022				Modernized Medicare Supplement Insurance Plan	40,599	53,698	132.3	27	429,047	389,891	90.9	389
0199999. Total experience on individual policies										242,940	344,021	141.6	121	3,305,400	3,212,750	97.2	2,142

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Missouri
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3IF	F	NO	0034060	04/16/2004			05/31/2010	MEDICARE SUPPLEMENT	4,033	919	22.8	1				
YES	3IG	G	NO	0034060	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT	14,634	16,542	113.0	5				
YES	CNHIC-MS-IA-A-MO	A	NO	0034000	06/23/2023				MEDICARE SUPPLEMENT					315	285	90.6	1
YES	CNHIC-MS-IA-F-MO	F	NO	0034000	06/23/2023				MEDICARE SUPPLEMENT					5,959,006	6,145,421	103.1	2,689
YES	CNHIC-MS-IA-G-MO	G	NO	0034060	06/23/2023				MEDICARE SUPPLEMENT					34,641,805	33,298,162	96.1	25,384
YES	CNHIC-MS-IA-HDG-MO	G	NO	0034060	06/23/2023				MEDICARE SUPPLEMENT					55,328	33,729	61.0	101
YES	CNHIC-MS-IA-N-MO	N	NO	0034060	06/23/2023				MEDICARE SUPPLEMENT					1,708,488	1,328,367	77.8	1,845
0199999. Total experience on individual policies										18,667	17,460	93.5	6	42,364,942	40,805,963	96.3	30,020

360.MO

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6172720253602710 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Montana
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MF(MT)	F	NO	0034000	10/21/2004			05/31/2010	MEDICARE SUPPLEMENT	6,645	11,438	172.1	1				
YES	3MG(MT)	G	NO	0034000	10/21/2004	07/25/2009			MEDICARE SUPPLEMENT	4,333	233	5.4	1				
YES	3MK(MT)	F	NO	0034000	10/21/2004			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	941	13	1.4	1				
YES	CNHIC-MS-AA-A-MT	A	NO		03/22/2024												
YES	CNHIC-MS-AA-F-MT	F	NO		03/22/2024									142,587	144,075	101.0	70
YES	CNHIC-MS-AA-G-MT	G	NO		03/22/2024									1,475,484	1,332,521	90.3	2,033
YES	CNHIC-MS-AA-HDG-MT	G	NO		03/22/2024									8,486	1,699	20.0	25
YES	CNHIC-MS-AA-N-MT	N	NO		03/22/2024									269,674	200,022	74.2	461
0199999. Total experience on individual policies										11,920	11,684	98.0	3	1,896,230	1,678,317	88.5	2,589

360.MT

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 1 7 2 7 2 0 2 5 3 6 0 2 8 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Nebraska
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MF	F	NO	0034000	11/17/2003			05/31/2010	MEDICARE SUPPLEMENT	38,966	16,407	42.1	6				
YES	3MJ	J	NO	0034000	03/08/2007	07/25/2009			MEDICARE SUPPLEMENT	16,012	12,183	76.1	2				
YES	HNHIC-MS-AA-A-NE	A	NO		06/06/2025												
YES	HNHIC-MS-AA-F-NE	F	NO		06/06/2025												
YES	HNHIC-MS-AA-G-NE	G	NO		06/06/2025									145	218	150.1	1
YES	HNHIC-MS-AA-HDG-NE	G	NO		06/06/2025												
YES	HNHIC-MS-AA-N-NE	N	NO		06/06/2025												
0199999. Total experience on individual policies										54,978	28,590	52.0	8	145	218	150.1	1

360.NE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Nevada
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	CNHIC-MS-AA-A-NV	A	NO	0034000	01/15/2021				Modernized Medicare Supplement					2,316	663	28.6	1
YES	CNHIC-MS-AA-F-NV	F	NO	0034000	01/15/2021				Modernized Medicare Supplement	299,707	296,355	98.9	81	217,750	248,716	114.2	63
YES	CNHIC-MS-AA-G-NV	G	NO	0034060	01/15/2021				Modernized Medicare Supplement	1,033,659	823,623	79.7	376	638,072	523,867	82.1	252
YES	CNHIC-MS-AA-N-NV	N	NO	0034060	01/15/2021				Modernized Medicare Supplement	155,197	129,332	83.3	76	197,336	172,083	87.2	144
0199999. Total experience on individual policies										1,488,563	1,249,310	83.9	533	1,055,473	945,328	89.6	460

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF New Hampshire
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	HNHIC-MS-IA-A-NH	A	NO		05/22/2024												
YES	HNHIC-MS-IA-F-NH	F	NO		05/22/2024									9,610	8,205	85.4	6
YES	HNHIC-MS-IA-G-NH	G	NO		05/22/2024									259,875	199,373	76.7	298
YES	HNHIC-MS-IA-N-NH	N	NO		05/22/2024									128,298	125,245	97.6	206
0199999. Total experience on individual policies														397,783	332,823	83.7	510

360.NH

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF New Jersey
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-AA-A-NJ	A	NO	0034000	06/13/2023				MEDICARE SUPPLEMENT								
YES	CNHIC-MS-AA-C-NJ	C	NO	0034000	06/13/2023				MEDICARE SUPPLEMENT					45,497	42,206	92.8	21
YES	CNHIC-MS-AA-D-NJ	D	NO	0034000	06/13/2023				MEDICARE SUPPLEMENT					167,655	317,916	189.6	119
YES	CNHIC-MS-AA-F-NJ	F	NO	0034000	06/13/2023				MEDICARE SUPPLEMENT					1,885,151	1,728,860	91.7	763
YES	CNHIC-MS-AA-G-NJ	G	NO	0034060	06/13/2023				MEDICARE SUPPLEMENT					23,327,292	19,603,876	84.0	15,701
YES	CNHIC-MS-AA-HDG-NJ	G	NO	0034060	06/13/2023				MEDICARE SUPPLEMENT					44,681	5,421	12.1	76
YES	CNHIC-MS-AA-N-NJ	N	NO	0034060	06/13/2023				MEDICARE SUPPLEMENT					9,760,326	8,057,107	82.5	8,673
YES	CNHIC-MS-AO-C-NJ	C	NO	0034000	06/13/2023				MEDICARE SUPPLEMENT								
YES	CNHIC-MS-AO-D-NJ	D	NO	0034000	06/13/2023				MEDICARE SUPPLEMENT					2,839	2,352	82.8	2
YES	CNHIC-MS-AO-F-NJ	F	NO	0034000	06/13/2023				MEDICARE SUPPLEMENT					34,357	79,235	230.6	16
YES	CNHIC-MS-AO-G-NJ	G	NO	0034060	06/13/2023				MEDICARE SUPPLEMENT					453,526	383,068	84.5	358
YES	CNHIC-MS-AO-HDG-NJ	G	NO	0034060	06/13/2023				MEDICARE SUPPLEMENT					26,220	23,168	88.4	61
YES	CNHIC-MS-AO-N-NJ	N	NO	0034060	06/13/2023				MEDICARE SUPPLEMENT					185,537	113,633	61.2	200
0199999. Total experience on individual policies														35,933,082	30,356,842	84.5	25,990

360.NJ

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF New Mexico
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	CNHIC-MS-AA-A-NM	A	NO		06/14/2024												
YES	CNHIC-MS-AA-F-NM	F	NO		06/14/2024									179,010	192,500	107.5	126
YES	CNHIC-MS-AA-G-NM	G	NO		06/14/2024									723,074	630,083	87.1	1,010
YES	CNHIC-MS-AA-HDG-NM	G	NO		06/14/2024									7,652	1,341	17.5	22
YES	CNHIC-MS-AA-N-NM	N	NO		06/14/2024									123,521	151,347	122.5	217
0199999. Total experience on individual policies														1,033,257	975,271	94.4	1,375

360.NM

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF New York.....
NAIC Group Code 0917 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Columbus , OH 43219 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082 .....
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601 .....
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF North Carolina
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MC(NC)	C	NO	0034060	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	6,694	6,875	102.7	1				
YES	3MF(NC)	F	NO	0034000	06/08/2004			05/31/2010	MEDICARE SUPPLEMENT	18,157	5,775	31.8	3				
YES	3MG(NC)	G	NO	0034000	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	27,733	7,294	26.3	5				
YES	3MH(NC)	H	NO	0034000	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT	10,302	5,364	52.1	2				
YES	3MJ(NC)	J	NO	0034060	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT	28,291	28,811	101.8	10				
YES	CNHIC-MS-AA-A-NC	A	NO	0034000	04/13/2021				Modernized Medicare Supplement								
YES	CNHIC-MS-AA-F-NC	F	NO	0034000	04/13/2021				Modernized Medicare Supplement	810,045	916,742	113.2	320	1,407,408	1,456,194	103.5	622
YES	CNHIC-MS-AA-G-NC	G	NO	0034060	04/13/2021				Modernized Medicare Supplement	1,550,520	1,578,367	101.8	837	5,877,643	5,700,465	97.0	3,971
YES	CNHIC-MS-AA-N-NC	N	NO	0034060	04/13/2021				Modernized Medicare Supplement	358,250	334,811	93.5	270	1,078,830	963,517	89.3	1,044
0199999. Total experience on individual policies										2,809,993	2,884,039	102.6	1,448	8,363,881	8,120,176	97.1	5,637

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF North Dakota
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MF(ND)	F	NO	0034000	11/25/2003			05/31/2010	MEDICARE SUPPLEMENT	17,590	6,386	36.3	3				
YES	HNHIC-MS-AA-A-ND	A	NO		08/07/2024												
YES	HNHIC-MS-AA-F-ND	F	NO		08/07/2024									27,592	11,830	42.9	38
YES	HNHIC-MS-AA-G-ND	G	NO		08/07/2024									204,945	168,368	82.2	362
YES	HNHIC-MS-AA-N-ND	N	NO		08/07/2024									46,617	43,495	93.3	129
YES	HNHIC-MS-AO-A-ND	A	NO		08/07/2024												
YES	HNHIC-MS-AO-F-ND	F	NO		08/07/2024									131	196	150.1	1
YES	HNHIC-MS-AO-G-ND	G	NO		08/07/2024									2,504	1,574	62.9	9
YES	HNHIC-MS-AO-N-ND	N	NO		08/07/2024									520	551	105.9	5
0199999. Total experience on individual policies										17,590	6,386	36.3	3	282,308	226,014	80.1	544

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Ohio
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3ME(OH)	E	NO	0034000	08/08/2005	07/24/2009			MEDICARE SUPPLEMENT	4,273	4,000	93.6					
YES	3MG(OH)	G	NO	0034000	12/12/2003	07/24/2009			MEDICARE SUPPLEMENT	6,661	433	6.5	1				
YES	3MI(OH)	I	NO	0034000	05/01/2006	07/24/2009			MEDICARE SUPPLEMENT	7,219	4,120	57.1	1				
YES	CNHIC-MS-AA-A-OH	A	NO	0034000	05/06/2022				Modernized Medicare Supplement Insurance Plan					1,387	66	4.7	1
YES	CNHIC-MS-AA-F-OH	F	NO	0034000	05/06/2022				Modernized Medicare Supplement Insurance Plan	105,704	106,564	100.8	43	978,524	1,176,817	120.3	490
YES	CNHIC-MS-AA-G-OH	G	NO	0034060	05/06/2022				Modernized Medicare Supplement Insurance Plan	170,282	154,470	90.7	88	11,091,248	10,506,817	94.7	9,071
YES	CNHIC-MS-AA-HDG-OH	G	NO	0034060	05/06/2022				Modernized Medicare Supplement Insurance Plan	2,322	8,757	377.1	3	42,275	4,432	10.5	89
YES	CNHIC-MS-AA-N-OH	N	NO	0034060	05/06/2022				Modernized Medicare Supplement Insurance Plan	127,295	153,095	120.3	90	3,061,737	2,781,001	90.8	3,347
0199999. Total experience on individual policies										423,757	431,438	101.8	226	15,175,171	14,469,132	95.3	12,998

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Oklahoma
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MG(OK)	G	NO	0034000	03/01/2004	07/25/2009			MEDICARE SUPPLEMENT	5,704	385	6.8	1				
YES	3MJ(OK)	J	NO	0034000	02/05/2007	07/25/2009			MEDICARE SUPPLEMENT	5,376	5,240	97.5	1				
YES	CNHIC-MS-AA-A-OK	A	NO	0034000	01/24/2022				Modernized Medicare Supplement Insurance Plan					24,230	49,913	206.0	16
YES	CNHIC-MS-AA-F-OK	F	NO	0034000	01/24/2022				Modernized Medicare Supplement Insurance Plan	73,934	51,267	69.3	28	434,691	526,874	121.2	170
YES	CNHIC-MS-AA-G-OK	G	NO	0034060	01/24/2022				Modernized Medicare Supplement Insurance Plan	166,693	162,721	97.6	79	1,157,393	1,198,621	103.6	693
YES	CNHIC-MS-AA-HDG-OK	G	NO	0034060	01/24/2022				Modernized Medicare Supplement Insurance Plan	1,752	4,411	251.7	2	8,504	425	5.0	12
YES	CNHIC-MS-AA-N-OK	N	NO	0034060	01/24/2022				Modernized Medicare Supplement Insurance Plan	27,466	8,685	31.6	14	283,519	282,810	99.8	246
0199999. Total experience on individual policies										280,926	232,709	82.8	125	1,908,336	2,058,642	107.9	1,137

360.OK

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Oregon
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022			14	Policies Issued in 2023; 2024; 2025			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

360.OR

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Pennsylvania
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MD(PA)	D	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	14,070	6,892	49.0	3				
NO	3MF(PA)	F	NO	0034060	05/12/2004			05/31/2010	MEDICARE SUPPLEMENT	6,782	7,491	110.4	1				
YES	3MG(PA)	G	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	28,738	44,404	154.5	5				
YES	CNHIC-MS-AA-A-PA	A	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT					2,000	1,155	57.8	1
YES	CNHIC-MS-AA-B-PA	B	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	6,732	4,622	68.7	3	1,481	2,017	136.1	1
YES	CNHIC-MS-AA-F-PA	F	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	1,685,472	1,441,245	85.5	470	782,337	883,256	112.9	229
YES	CNHIC-MS-AA-G-PA	G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	8,311,607	7,930,539	95.4	3,594	5,412,058	5,481,607	101.3	2,463
YES	CNHIC-MS-AA-N-PA	N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	3,198,369	3,217,567	100.6	1,941	2,110,977	1,710,259	81.0	1,432
YES	CNHIC-MS-OA-F-PA	F	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	40,136	38,842	96.8	15	17,834	43,507	243.9	6
YES	CNHIC-MS-OA-G-PA	G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	139,122	142,639	102.5	68	160,768	155,902	97.0	78
YES	CNHIC-MS-OA-N-PA	N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	63,500	40,075	63.1	45	56,037	38,706	69.1	41
0199999. Total experience on individual policies										13,494,528	12,874,315	95.4	6,145	8,543,493	8,316,409	97.3	4,251

360.PA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Rhode Island
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF South Carolina
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MG	G	NO	0034000	10/09/2003	07/25/2009			MEDICARE SUPPLEMENT	4,822	528	10.9	1				
YES	3MI	I	NO	0034000	05/18/2006	07/25/2009			MEDICARE SUPPLEMENT	6,838	4,443	65.0	1				
YES	3MJ	J	NO	0034000	02/23/2007	07/25/2009			MEDICARE SUPPLEMENT	23,465	23,345	99.5	4				
YES	CNHIC-MS-AA-A-SC	A	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT								
YES	CNHIC-MS-AA-F-SC	F	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	606,647	669,049	110.3	197	449,663	402,481	89.5	165
YES	CNHIC-MS-AA-G-SC	G	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	2,310,233	2,669,800	115.6	1,224	3,365,484	3,549,552	105.5	2,343
YES	CNHIC-MS-AA-N-SC	N	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	291,838	334,299	114.5	201	550,306	477,944	86.9	524
0199999. Total experience on individual policies										3,243,843	3,701,463	114.1	1,628	4,365,453	4,429,977	101.5	3,032

360.SC

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF South Dakota
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MF	F	NO	0034060	11/19/2003			05/31/2010	MEDICARE SUPPLEMENT		852						
YES	CNHIC-MS-AA-A-SD	A	NO	0034000	03/17/2021				Modernized Medicare Supplement								
YES	CNHIC-MS-AA-F-SD	F	NO	0034000	03/17/2021				Modernized Medicare Supplement	49,259	47,820	97.1	18	129,868	120,570	92.8	65
YES	CNHIC-MS-AA-G-SD	G	NO	0034060	03/17/2021				Modernized Medicare Supplement	93,162	149,739	160.7	52	374,394	445,069	118.9	294
YES	CNHIC-MS-AA-N-SD	N	NO	0034060	03/17/2021				Modernized Medicare Supplement	38,782	18,405	47.5	27	162,599	136,508	84.0	190
0199999. Total experience on individual policies										181,203	216,817	119.7	97	666,861	702,147	105.3	549

360.SD

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Tennessee
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MF(TN)	F	NO	0034000	12/02/2003			05/31/2010	MEDICARE SUPPLEMENT	12,943	5,819	45.0	2				
YES	3MG(TN)	G	NO	0034000	12/02/2003	07/26/2009			MEDICARE SUPPLEMENT	16,413	(663)	(4.0)	3				
YES	CNHIC-MS-AA-A-TN	A	NO	0034000	04/30/2021				Modernized Medicare Supplement	1,459	24	1.6	1				
YES	CNHIC-MS-AA-F-TN	F	NO	0034000	04/30/2021				Modernized Medicare Supplement	536,440	547,658	102.1	233	1,461,926	1,628,080	111.4	638
YES	CNHIC-MS-AA-G-TN	G	NO	0034060	04/30/2021				Modernized Medicare Supplement	1,812,691	2,163,876	119.4	1,095	5,480,608	5,550,864	101.3	3,540
YES	CNHIC-MS-AA-N-TN	N	NO	0034060	04/30/2021				Modernized Medicare Supplement	634,725	687,557	108.3	518	1,442,021	1,188,186	82.4	1,353
0199999. Total experience on individual policies										3,014,671	3,404,270	112.9	1,852	8,384,555	8,367,130	99.8	5,531

360.TN

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Texas
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MD(TX)	D	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	11,320	4,158	36.7	2				
YES	3ME(TX)	E	NO	0034000	12/30/2005	07/31/2009			MEDICARE SUPPLEMENT	14,837	18,244	123.0	3				
YES	3MF(TX)	F	NO	0034000	12/11/2003			05/31/2010	MEDICARE SUPPLEMENT	73,995	28,788	38.9	8				
YES	3MG(TX)	G	NO	0034000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	7,028	4,958	70.5	1				
YES	3MI(TX)	I	NO	0034000	06/15/2006	07/31/2009			MEDICARE SUPPLEMENT	6,599	345	5.2	1				
YES	3MJ(TX)	J	NO	0034000	02/21/2007	07/31/2009			MEDICARE SUPPLEMENT	21,786	18,724	85.9	3				
YES	CNHIC-MS-AA-A-TX	A	NO	0034000	03/22/2022				Modernized Medicare Supplement Insurance Plan					33,904	24,413	72.0	5
YES	CNHIC-MS-AA-F-TX	F	NO	0034000	03/22/2022				Modernized Medicare Supplement Insurance Plan	563,085	462,056	82.1	189	1,929,504	2,197,714	113.9	696
YES	CNHIC-MS-AA-G-TX	G	NO	0034060	03/22/2022				Modernized Medicare Supplement Insurance Plan	1,389,389	1,687,905	121.5	660	7,756,958	8,292,047	106.9	3,991
YES	CNHIC-MS-AA-HDG-TX	G	NO	0034060	03/22/2022				Modernized Medicare Supplement Insurance Plan	9,352	3,002	32.1	11	71,975	52,801	73.4	117
YES	CNHIC-MS-AA-N-TX	N	NO	0034060	03/22/2022				Modernized Medicare Supplement Insurance Plan	260,620	294,827	113.1	174	1,670,589	1,758,688	105.3	1,248
0199999. Total experience on individual policies										2,358,012	2,523,007	107.0	1,052	11,462,930	12,325,663	107.5	6,057

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Utah
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	CNHIC-MS-AA-A-UT	A	NO	0034000	02/11/2021				Modernized Medicare Supplement					1,738	246	14.2	1
YES	CNHIC-MS-AA-F-UT	F	NO	0034000	02/11/2021				Modernized Medicare Supplement	224,846	241,712	107.5	92	436,409	457,277	104.8	214
YES	CNHIC-MS-AA-G-UT	G	NO	0034060	02/11/2021				Modernized Medicare Supplement	771,126	1,388,946	180.1	429	2,397,162	2,507,981	104.6	1,784
YES	CNHIC-MS-AA-N-UT	N	NO	0034060	02/11/2021				Modernized Medicare Supplement	353,705	330,601	93.5	269	664,610	538,669	81.1	746
0199999. Total experience on individual policies										1,349,678	1,961,260	145.3	790	3,499,918	3,504,173	100.1	2,745

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Vermont
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022			14	Policies Issued in 2023; 2024; 2025			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Virginia
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MD(VA)	D	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	15,128	3,722	24.6	2				
YES	3MF(VA)	F	NO	0034000	08/05/2004			05/31/2010	MEDICARE SUPPLEMENT	95,892	70,552	73.6	13				
YES	3MG(VA)	G	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	18,276	10,498	57.4	3				
YES	3MH(VA)	H	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	41,311	11,101	26.9	7				
YES	3MI(VA)	I	NO	0034000	11/07/2006	07/26/2009			MEDICARE SUPPLEMENT	73,534	22,325	30.4	14				
YES	3MJ(VA)	J	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	222,065	116,866	52.6	36				
YES	CNHIC-MS-AA-A-VA	A	NO		10/11/2024									881	763	86.6	2
YES	CNHIC-MS-AA-F-VA	F	NO		10/11/2024									71,285	115,919	162.6	108
YES	CNHIC-MS-AA-G-VA	G	NO		10/11/2024									687,314	636,622	92.6	1,599
YES	CNHIC-MS-AA-HDG-VA	G	NO		10/11/2024									2,254	853	37.8	10
YES	CNHIC-MS-AA-N-VA	N	NO		10/11/2024									109,650	112,233	102.4	334
0199999. Total experience on individual policies										466,207	235,064	50.4	75	871,383	866,389	99.4	2,053

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Washington
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022			14	Policies Issued in 2023; 2024; 2025			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 1 7 2 7 2 0 2 5 3 6 0 4 9 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF West Virginia
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	HNHIC-MS-AA-A-WV	A	NO		04/26/2024												
YES	HNHIC-MS-AA-F-WV	F	NO		04/26/2024									18,106	24,741	136.6	24
YES	HNHIC-MS-AA-G-WV	G	NO		04/26/2024									88,216	90,083	102.1	157
YES	HNHIC-MS-AA-N-WV	N	NO		04/26/2024									62,662	54,005	86.2	139
0199999. Total experience on individual policies														168,984	168,829	99.9	320

360.WV

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 1 7 2 7 2 0 2 5 3 6 0 5 0 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Wisconsin
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	CNHIC-MS-BASIC-WI	0	NO	0034060	03/10/2022				Modernized Medicare Supplement Insurance Plan	887,826	1,168,937	131.7	449	10,014,550	11,605,353	115.9	6,473
0199999. Total experience on individual policies										887,826	1,168,937	131.7	449	10,014,550	11,605,353	115.9	6,473

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Wyoming
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
NO			NO														
YES	3MF(WY)	F	NO	0034000	12/05/2003			05/31/2010	MEDICARE SUPPLEMENT	16,462	11,140	67.7	1				
YES	HNHIC-MS-AA-A-WY	A	NO		04/18/2024												
YES	HNHIC-MS-AA-F-WY	F	NO		04/18/2024									109,733	123,167	112.2	154
YES	HNHIC-MS-AA-G-WY	G	NO		04/18/2024									946,447	1,088,951	115.1	2,139
YES	HNHIC-MS-AA-HDG-WY	G	NO		04/18/2024									2,458	1,317	53.6	20
YES	HNHIC-MS-AA-N-WY	N	NO		04/18/2024									134,241	137,423	102.4	396
0199999. Total experience on individual policies										16,462	11,140	67.7	1	1,192,879	1,350,859	113.2	2,709

360.WY

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 1001 E Lookout Drive Richardson , TX 75082
   2.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 300 East Randolph Street Chicago , IL 60601
   3.2 Contact Person and Phone Number: Molly Dearfield 866-459-4272
4. Explain any policies identified above as policy type "O".

6 1 7 2 7 2 0 2 5 3 6 0 5 2 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF American Samoa.....
NAIC Group Code 0917 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Columbus , OH 43219 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Guam
NAIC Group Code 0917 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Columbus , OH 43219
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

360.GU

6 1 7 2 7 2 0 2 5 3 6 0 5 4 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Puerto Rico.....
NAIC Group Code 0917 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Columbus , OH 43219 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

6 1 7 2 7 2 0 2 5 3 6 0 5 5 1 0 0

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF U.S. Virgin Islands.....
NAIC Group Code 0917 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Columbus , OH 43219 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF Northern Mariana Islands.....
NAIC Group Code 0917 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Columbus , OH 43219 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

360.MP

6172720252050010100

LIFE SUPPLEMENTS

For The Year Ended December 31, 2025

(To Be Filed By March 1)

Of The HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

ADDRESS (City, State and Zip Code) Columbus , OH 43219

NAIC Group Code 0917 NAIC Company Code 61727 Employer's ID Number 34-0970995

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total [a]	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
0100001. 58 CET 3.0% ALB NLP. CRF . . . . . (66-00)	45,993		45,993		
0100002. 58 CSO 2.5% ANB CRVM. CRF . . . . . (68-84)	6,538		6,538		
0100003. 58 CSO 3.0% ALB NLP CRF. . . . . (67-69)	949		949		
0100004. 58 CSO 3.0% ANB CRVM CRF. . . . . (66-86)	89,134		89,134		
0100005. 58 CSO 3.0% ANB NLP CRF. . . . . .(66-86)	152,752		152,752		
0100006. 58 CSO 3.25% ANB CRVM CRF. . . . . (68-84)	2,026		2,026		
0100007. 58 CSO 3.5% ANB CRVM CRF. . . . . (66-77)	1,350		1,350		
0100008. 58 CSO 3.5% ANB NLP CRF. . . . . (66-86)	3,011		3,011		
0100009. 58 CSO 3.5%/20/ 3% CRVM NLP CRF . . . . . .(66-86)	64,518		64,518		
0100010. 58 CSO 4.5% ANB CRVM CRF.. . . . . .(87-96)	225		225		
0100011. 58 CSO 4.5% ANB NLP CRF . . . . . (87-06)					
0100012. 80 CET 4.5% ANB NLP CRF. . . . . (87-06)	225		225		
0100013. 80 CSO 4.5% ANB CRVM CNF. . . . . (87-06)	501,927		501,927		
0100014. 2001 CSO 4.0% ANB CRVM CNF. . . . . (06-10)	647,629		647,629		
0100015. 2001 CSO 4.0% ANB NLP CRF. . . . . (06-10)	4,558		4,558		
0100016. 2001 CSO 4.5% ANB CRVM CNF. . . . . (05)	33,449		33,449		
0100017. 2001 CSO 4.5% ANB NLP CRF. . . . . (05)	5,615		5,615		
0199997. Totals (gross)	1,559,899		1,559,899		
0199998. Reinsurance ceded	1,559,899		1,559,899		
0199999. Life Insurance: Totals (net)					
0200001. Deferred @ 3 1/2%.....(89-98)	40,550	XXX	40,550	XXX	
0200002. Deferred @ 4 1/2%.....(89-98)	5,002,480	XXX	5,002,480	XXX	
0200003. Deferred @ 5 1/2%.....(89-98)	1,251,996	XXX	1,251,996	XXX	
0299997. Totals (gross)	6,295,026	XXX	6,295,026	XXX	
0299998. Reinsurance ceded	6,295,026	XXX	6,295,026	XXX	
0299999. Annuities: Totals (net)		XXX		XXX	
0300001. 1983A 4.00%.....(86-08)					
0300002. 1983A 6.75%.....(86-08)	12,019		12,019		
0300003. 1983A 7.75%.....(86-08)	598		598		
0300004. 1983A 8.75%.....(86-08)	18,410		18,410		
0300005. 2012 IAR 5.00%.....(2024)	47,180		47,180		
0399997. Totals (gross)	78,207		78,207		
0399998. Reinsurance ceded	78,207		78,207		
0399999. SCWLC: Totals (net)					
0400001. 1959 ADB 1958 CSO 3%.....(84-08)	32		32		
0499997. Totals (gross)	32		32		
0499998. Reinsurance ceded	32		32		
0499999. Accidental Death Benefits: Totals (net)					
0500001. 1952 DIS - 1958 CSO 3%.....(84-08)	187		187		
0599997. Totals (gross)	187		187		
0599998. Reinsurance ceded	187		187		
0599999. Disability-Active Lives: Totals (net)					
0600001. 1964 CDT 3% ..(84-12)	4,038		4,038		
0699997. Totals (gross)	4,038		4,038		
0699998. Reinsurance ceded	4,038		4,038		
0699999. Disability-Disabled Lives: Totals (net)					
0700001. Deficiency Reserve	5,065		5,065		
0700002. Non-deduction of fractional premiums	7,024		7,024		
0700003. Group Conversions					
0700004. Immediate Payment of Death Claims	17,483		17,483		
0799997. Totals (gross)	29,572		29,572		
0799998. Reinsurance ceded	29,572		29,572		
0799999. Miscellaneous Reserves: Totals (net)					
9999999. Totals (net)					

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

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts? ..... Yes [X] No [ ]

1.2 If not, state which kind is issued.
.....

2.1 Does the reporting entity at present issue both participating and non-participating contracts? ..... Yes [ ] No [X]

2.2 If not, state which kind is issued.
.....

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? ..... Yes [X] No [ ]
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

4. Has the reporting entity any assessment or stipulated premium contracts in force? Yes [ ] No [X]
If so, state:
4.1 Amount of insurance? ..... $.....
4.2 Amount of reserve? ..... $.....
4.3 Basis of reserve
.....
4.4 Basis of regular assessments
.....
4.5 Basis of special assessments
.....
4.6 Assessments collected during the year: ..... $.....

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

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? ..... Yes [ ] No [X]

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

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

Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? ..... Yes [ ] No [X]

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

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

7.3 State the amount of reserves established for this business: ..... $.....

7.4 Identify where the reserves are reported in the blank
.....

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? ..... Yes [ ] No [X]

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

8.2 State the amount of reserves established for this business: ..... $.....

8.3 Identify where the reserves are reported in the blank:
.....

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? ..... Yes [ ] No [X]

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

9.2 State the amount of reserves established for this business: ..... $.....

9.3 Identify where the reserves are reported in the blank:
.....

EXHIBIT 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	17,551			16,059	1,492	
2. Deposits received during the year						
3. Investment earnings credited to the account	852			826	26	
4. Other net change in reserves	34			(1)	35	
5. Fees and other charges assessed						
6. Surrender charges						
7. Net surrender or withdrawal payments	6,076			5,830	246	
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)	12,361			11,054	1,307	
10. Reinsurance balance at the beginning of the year	(17,553)			(16,059)	(1,494)	
11. Net change in reinsurance assumed						
12. Net change in reinsurance ceded	(5,189)			(5,005)	(184)	
13. Reinsurance balance at the end of the year (Lines 10+11-12)	(12,364)			(11,054)	(1,310)	
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)	(3)				(3)	

(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) ..... $

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Amount of In Force at End of Year	9 Reserve	10 Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
9999999 - Totals												

NONE

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - authorized U.S. affiliates														
0699999. Total General Account - authorized non-U.S. affiliates														
0799999. Total General Account - authorized affiliates														
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	CO/I	OL	6,198,300	935,371	1,018,227	182,000				
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	CO/I	FA		3,100,118	3,175,107	21,775				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Co of America	FL	CO/I	FA		3,121,449	3,168,017	21,775				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Co of America	FL	OTH/I	OL	4,903,878	376,134	410,311	84,483				
88099	75-1608507	10/12/2004	Optimum Re	TX	YRT/I	OL	714,808	6,849	6,244	44				
82627	06-0839705	01/01/2005	Swiss Re Life & Health	MO	CO/I	OL	5,445,311	246,650	266,043	4,282				
71404	47-0463747	01/01/2006	Continental General Insurance Comapny	TX	CO/I	FA		188,884	142,640					
71404	47-0463747	01/01/2006	Continental General Insurance Comapny	TX	CO/I	OL	412,273	5,826	5,817	4,158				
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA	CO/G	OL				46				
0899999. General Account - authorized U.S. non-affiliates							17,674,570	7,981,281	8,192,406	318,563				
1099999. Total General Account - authorized non-affiliates							17,674,570	7,981,281	8,192,406	318,563				
1199999. Total General Account authorized							17,674,570	7,981,281	8,192,406	318,563				
1499999. Total General Account - unauthorized U.S. affiliates														
1799999. Total General Account - unauthorized non-U.S. affiliates														
1899999. Total General Account - unauthorized affiliates														
2199999. Total General Account - unauthorized non-affiliates														
2299999. Total General Account unauthorized														
2599999. Total General Account - certified U.S. affiliates														
2899999. Total General Account - certified non-U.S. affiliates														
2999999. Total General Account - certified affiliates														
3299999. Total General Account - certified non-affiliates														
3399999. Total General Account certified														
3699999. Total General Account - reciprocal jurisdiction U.S. affiliates														
3999999. Total General Account - reciprocal jurisdiction non-U.S. affiliates														
4099999. Total General Account - reciprocal jurisdiction affiliates														
4399999. Total General Account - reciprocal jurisdiction non-affiliates														
4499999. Total General Account reciprocal jurisdiction														
4599999. Total General Account authorized, unauthorized, reciprocal jurisdiction and certified							17,674,570	7,981,281	8,192,406	318,563				
4899999. Total Separate Accounts - authorized U.S. affiliates														
5199999. Total Separate Accounts - authorized non-U.S. affiliates														
5299999. Total Separate Accounts - authorized affiliates														
5599999. Total Separate Accounts - authorized non-affiliates														
5699999. Total Separate Accounts authorized														
5999999. Total Separate Accounts - unauthorized U.S. affiliates														
6299999. Total Separate Accounts - unauthorized non-U.S. affiliates														
6399999. Total Separate Accounts - unauthorized affiliates														
6699999. Total Separate Accounts - unauthorized non-affiliates														
6799999. Total Separate Accounts unauthorized														
7099999. Total Separate Accounts - certified U.S. affiliates														
7399999. Total Separate Accounts - certified non-U.S. affiliates														
7499999. Total Separate Accounts - certified affiliates														
7799999. Total Separate Accounts - certified non-affiliates														
7899999. Total Separate Accounts certified														
8199999. Total Separate Accounts - reciprocal jurisdiction U.S. affiliates														
8499999. Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates														
8599999. Total Separate Accounts - reciprocal jurisdiction affiliates														
8899999. Total Separate Accounts - reciprocal jurisdiction non-affiliates														
8999999. Total Separate Accounts reciprocal jurisdiction														
9099999. Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified														

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domi-ciliary Juris-diction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							17,674,570	7,981,281	8,192,406	318,563				
9299999. Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)														
9999999 - Totals							17,674,570	7,981,281	8,192,406	318,563				

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	588							5,620				5,620
3. Term	9,534											
4. Indexed												
5. Universal	3,887											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	14,009							5,620				5,620
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed	7,800											
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities	7,800											
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	4,501,673 (f)							XXX	XXX	XXX	4,090,796	4,090,796
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	5,532 (f)							XXX	XXX	XXX	2,620	2,620
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	741 (f)							XXX	XXX	XXX		
46. Total accident and health	4,507,946							XXX	XXX	XXX	4,093,416	4,093,416
47. Total	4,529,755 (c)							5,620			4,093,416	4,099,036

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	3,000	2	5,500					2	5,500				(1)	4,500	2	10,506
3. Term													(3)	(232,919)	10	733,524
4. Indexed																
5. Universal															2	85,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	3,000	2	5,500					2	5,500				(4)	(228,419)	14	829,030
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	4,262,846	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	685	743,617	(235)	614,920	2,662	4,501,673
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	2,640	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				342	6	5,532
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	(4)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				61	3	741
46. Total accident and health	4,265,482	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	685	743,617	(235)	615,323	2,671	4,507,946
47. Total	4,268,482	2	5,500					2	5,500		685	743,617	(239)	386,904	2,685	5,336,976

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term	42											
4. Indexed												
5. Universal	541											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	583											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	6,504 (f)							XXX	XXX	XXX	655	655
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	6,504							XXX	XXX	XXX	655	655
47. Total	7,087 (c)										655	655

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term													(1)	(50,000)		
4. Indexed																
5. Universal															1	30,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life													(1)	(50,000)	1	30,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	1,152	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2,606		303	5	6,504
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	1,152	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2,606		303	5	6,504
47. Total	1,152										2	2,606	(1)	(49,697)	6	36,504

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	304											
3. Term	6,167											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	6,470											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed	25,000							146,756				146,756
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								344				344
25. Other												
26. Total individual annuities	25,000							147,101				147,101
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	15,385,721 (f)							XXX	XXX	XXX	14,060,874	14,060,874
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	2,418 (f)							XXX	XXX	XXX	1,800	1,800
46. Total accident and health	15,388,139							XXX	XXX	XXX	14,062,674	14,062,674
47. Total	15,419,609 (c)							147,101			14,062,674	14,209,775

LS206.AZ

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole															1	6,000
3. Term														(28)	6	335,293
4. Indexed																
5. Universal													(1)	(90,000)		
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life													(1)	(90,028)	7	341,293
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed	146,756	1	146,756					1	146,756							
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	146,756	1	146,756					1	146,756							
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	15,898,494	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,158	8,505,362	(503)	2,317,840	13,294	15,385,721
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	1,926	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				244	3	2,418
46. Total accident and health	15,900,420	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,158	8,505,362	(503)	2,318,084	13,297	15,388,139
47. Total	16,047,176	1	146,756					1	146,756		9,158	8,505,362	(504)	2,228,056	13,304	15,729,432

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	3,719											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	3,719											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	1,620,991 (f)							XXX	XXX	XXX	1,064,652	1,064,652
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	1,620,991							XXX	XXX	XXX	1,064,652	1,064,652
47. Total	1,624,710 (c)										1,064,652	1,064,652

LS206.AR

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole													1	5,000	5	65,000
3. Term																
4. Indexed																
5. Universal															1	25,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life													1	5,000	6	90,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	1,433,021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,855	1,454,494	(20)	98,701	1,910	1,620,991
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	1,433,021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,855	1,454,494	(20)	98,701	1,910	1,620,991
47. Total	1,433,021										1,855	1,454,494	(19)	103,701	1,916	1,710,991

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF California DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	246,886 (f)							XXX	XXX	XXX	349,850	349,850
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	246,886							XXX	XXX	XXX	349,850	349,850
47. Total	246,886 (c)										349,850	349,850

LS206.CA

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF California DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term													(1)	(336)		
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life													(1)	(336)		
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	365,495	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	33,994	33	78,752	136	246,886
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	365,495	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	33,994	33	78,752	136	246,886
47. Total	365,495										29	33,994	32	78,416	136	246,886

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	(123)							5,103				5,103
3. Term	570											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	447							5,103				5,103
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	12,204,424 (f)							XXX	XXX	XXX	12,908,561	12,908,561
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e, f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX	8,650	8,650
46. Total accident and health	12,204,424							XXX	XXX	XXX	12,917,211	12,917,211
47. Total	12,204,871 (c)							5,103			12,917,211	12,922,314

LS206.CO

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole		1	5,000					1	5,000				(1)	(5,000)		
3. Term															2	125,000
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life		1	5,000					1	5,000				(1)	(5,000)	2	125,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	13,125,192	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	294	368,322	(708)	1,144,712	6,606	12,204,424
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	8,616	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	13,133,808	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	294	368,322	(708)	1,144,712	6,606	12,204,424
47. Total	13,133,808	1	5,000					1	5,000		294	368,322	(709)	1,139,712	6,608	12,329,424

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	8,424,403 (f)							XXX	XXX	XXX	6,672,866	6,672,866
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	8,424,403							XXX	XXX	XXX	6,672,866	6,672,866
47. Total	8,424,403 (c)										6,672,866	6,672,866

LS206.CT

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	7,708,641	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,657	5,821,433	(240)	717,502	4,593	8,424,403
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	7,708,641	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,657	5,821,433	(240)	717,502	4,593	8,424,403
47. Total	7,708,641										3,657	5,821,433	(240)	717,502	4,593	8,424,403

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	241											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	241											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	150,292 (f)							XXX	XXX	XXX	69,504	69,504
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	150,292							XXX	XXX	XXX	69,504	69,504
47. Total	150,533 (c)										69,504	69,504

LS206.DE

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole													(1)	(6,000)		
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life													(1)	(6,000)		
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	87,077	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	52	44,668	15	49,059	103	150,292
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	87,077	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	52	44,668	15	49,059	103	150,292
47. Total	87,077										52	44,668	14	43,059	103	150,292

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LS206.1.DE

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	19,820 (f)							XXX	XXX	XXX	16,195	16,195
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	19,820							XXX	XXX	XXX	16,195	16,195
47. Total	19,820 (c)										16,195	16,195

LS206.DC

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	17,800	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1,415	4	12,645	9	19,820
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	17,800	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1,415	4	12,645	9	19,820
47. Total	17,800										1	1,415	4	12,645	9	19,820

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LS206.1.DC

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	414							10,248				10,248
3. Term	4,067											
4. Indexed												
5. Universal	600											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	5,081							10,248				10,248
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed										2,085		2,085
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities										2,085		2,085
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	32,239,407 (f)							XXX	XXX	XXX	19,936,345	19,936,345
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	210 (f)							XXX	XXX	XXX		
46. Total accident and health	32,239,617							XXX	XXX	XXX	19,936,345	19,936,345
47. Total	32,244,698 (c)							10,248		2,085	19,936,345	19,948,679

LS206.FL

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole		1	10,000					1	10,000				(1)	(10,000)	4	38,500
3. Term													(1)	(45,180)	5	375,166
4. Indexed																
5. Universal															2	75,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life		1	10,000					1	10,000				(2)	(55,180)	11	488,666
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	24,298,051	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,270	21,179,335	(661)	6,545,327	20,872	32,239,407
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	111	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				54	4	210
46. Total accident and health	24,298,162	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,270	21,179,335	(661)	6,545,381	20,876	32,239,617
47. Total	24,298,162	1	10,000					1	10,000		16,270	21,179,335	(663)	6,490,201	20,887	32,728,283

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	635											
3. Term												
4. Indexed												
5. Universal	61											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	696											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed										1,298		1,298
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities										1,298		1,298
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	1,563 (f)							XXX	XXX	XXX	98	98
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	9,701,535 (f)							XXX	XXX	XXX	7,764,644	7,764,644
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	2,160 (f)							XXX	XXX	XXX	1,346	1,346
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	9,705,258							XXX	XXX	XXX	7,766,088	7,766,088
47. Total	9,705,954 (c)									1,298	7,766,088	7,767,386

LS206.GA

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole															2	10,579
3. Term																
4. Indexed																
5. Universal															1	25,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life															3	35,579
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	(79)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(639)	1	1,563
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	8,803,230	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,335	5,049,235	(303)	1,563,705	8,130	9,701,535
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	1,346	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(377)	4	2,160
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	8,804,497	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,335	5,049,235	(303)	1,562,689	8,135	9,705,258
47. Total	8,804,497										5,335	5,049,235	(303)	1,562,689	8,138	9,740,837

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	8,659 (f)							XXX	XXX	XXX	3,514	3,514
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	8,659							XXX	XXX	XXX	3,514	3,514
47. Total	8,659 (c)										3,514	3,514

LS206.HI

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	3,244	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2,663	(3)	(1,790)	3	8,659
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	3,244	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2,663	(3)	(1,790)	3	8,659
47. Total	3,244										2	2,663	(3)	(1,790)	3	8,659

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LS206.1.HI

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term	506											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	506											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	78,168 (f)							XXX	XXX	XXX	78,181	78,181
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	78,168							XXX	XXX	XXX	78,181	78,181
47. Total	78,674 (c)										78,181	78,181

LS206.ID

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term															1	90,000
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life															1	90,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	84,219	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	9,305	18	32,760	52	78,168
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	84,219	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	9,305	18	32,760	52	78,168
47. Total	84,219										8	9,305	18	32,760	53	168,168

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LS206.1.ID

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	3,284											
3. Term	1,125											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	4,409											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	14,508,348 (f)							XXX	XXX	XXX	11,935,232	11,935,232
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	465 (f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	5,836 (f)							XXX	XXX	XXX		
46. Total accident and health	14,514,649							XXX	XXX	XXX	11,935,232	11,935,232
47. Total	14,519,058 (c)										11,935,232	11,935,232

LS206.IL

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole															8	51,000
3. Term													(1)	(5,000)	1	50,000
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life													(1)	(5,000)	9	101,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	13,939,661	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,952	8,400,519	(393)	2,285,633	13,614	14,508,348
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	2	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					1	465
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	(451)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	(2,184)	7	5,836
46. Total accident and health	13,939,212	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,952	8,400,519	(394)	2,283,449	13,622	14,514,649
47. Total	13,939,212										9,952	8,400,519	(395)	2,278,449	13,631	14,615,649

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	2,278							10,021				10,021
3. Term	16,358											
4. Indexed												
5. Universal	2,288											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	20,924							10,021				10,021
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed	2,000									17,203		17,203
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities	2,000									17,203		17,203
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	11,898,988 (f)							XXX	XXX	XXX	11,419,156	11,419,156
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	742 (f)							XXX	XXX	XXX	523	523
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	281 (f)							XXX	XXX	XXX		
46. Total accident and health	11,900,011							XXX	XXX	XXX	11,419,679	11,419,679
47. Total	11,922,935 (c)							10,021		17,203	11,419,679	11,446,903

LS206.IN

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	10,000	1	10,000					1	10,000				(1)	(10,000)	4	38,000
3. Term													(3)	(183,950)	37	2,418,565
4. Indexed																
5. Universal															5	225,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	10,000	1	10,000					1	10,000				(4)	(193,950)	46	2,681,565
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	11,569,977	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	219	356,950	(612)	632,159	5,355	11,898,988
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	526	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					2	742
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	(10)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					2	281
46. Total accident and health	11,570,493	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	219	356,950	(612)	632,159	5,359	11,900,011
47. Total	11,580,493	1	10,000					1	10,000		219	356,950	(616)	438,209	5,405	14,581,576

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	900											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	900											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	1,307,259 (f)							XXX	XXX	XXX	875,584	875,584
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	1,307,259							XXX	XXX	XXX	875,584	875,584
47. Total	1,308,159 (c)										875,584	875,584

LS206.IA

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole															1	10,000
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life															1	10,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	1,098,208	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,132	946,140	(10)	217,927	1,322	1,307,259
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	1,098,208	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,132	946,140	(10)	217,927	1,322	1,307,259
47. Total	1,098,208										1,132	946,140	(10)	217,927	1,323	1,317,259

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LS206.1.IA

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	7,553							5,021		2,117		7,138
3. Term	5,796											
4. Indexed												
5. Universal	180											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	13,530							5,021		2,117		7,138
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	3,127 (f)							XXX	XXX	XXX	195	195
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	9,657,581 (f)							XXX	XXX	XXX	9,534,988	9,534,988
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	1,608 (f)							XXX	XXX	XXX	1,720	1,720
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	9,662,316							XXX	XXX	XXX	9,536,903	9,536,903
47. Total	9,675,846 (c)							5,021		2,117	9,536,903	9,544,041

LS206.KS

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	5,000	1	5,000					1	5,000				(1)	(5,000)	12	107,547
3. Term													(1)	(10,000)	13	824,630
4. Indexed																
5. Universal													1	90,000	3	270,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	5,000	1	5,000					1	5,000				(1)	75,000	28	1,202,177
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	(158)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1	(1,276)	3	3,127
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	9,681,443	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	238	312,610	(398)	873,482	5,077	9,657,581
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	1,726	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					2	1,608
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(25)		
46. Total accident and health	9,683,011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	238	312,610	(397)	872,180	5,082	9,662,316
47. Total	9,688,011	1	5,000					1	5,000		238	312,610	(398)	947,180	5,110	10,864,493

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	302											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	302											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed								2,073				2,073
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities								2,073				2,073
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	5,769,821 (f)							XXX	XXX	XXX	5,258,474	5,258,474
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	5,769,821							XXX	XXX	XXX	5,258,474	5,258,474
47. Total	5,770,123 (c)							2,073			5,258,474	5,260,547

LS206.KY

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole															1	5,000
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life															1	5,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	5,629,449	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,624	1,703,081	(312)	743,840	3,684	5,769,821
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	5,629,449	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,624	1,703,081	(312)	743,840	3,684	5,769,821
47. Total	5,629,449										1,624	1,703,081	(312)	743,840	3,685	5,774,821

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	4,198,659 (f)							XXX	XXX	XXX	3,925,748	3,925,748
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	982 (f)							XXX	XXX	XXX		
46. Total accident and health	4,199,641							XXX	XXX	XXX	3,925,748	3,925,748
47. Total	4,199,641 (c)										3,925,748	3,925,748

LS206.LA

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	1,566									1,566					1	1,566
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	1,566									1,566					1	1,566
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	3,982,790	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	96	88,349	(271)	491,230	2,125	4,198,659
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	7	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				11	1	982
46. Total accident and health	3,982,797	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	96	88,349	(271)	491,241	2,126	4,199,641
47. Total	3,984,363									1,566	96	88,349	(271)	491,241	2,127	4,201,207

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	44,180 (f)							XXX	XXX	XXX	54,900	54,900
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	44,180							XXX	XXX	XXX	54,900	54,900
47. Total	44,180 (c)										54,900	54,900

LS206.ME

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	57,782	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	8,960	3	11,992	24	44,180
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	57,782	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	8,960	3	11,992	24	44,180
47. Total	57,782										7	8,960	3	11,992	24	44,180

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	784											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	784											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	17,604,780 (f)							XXX	XXX	XXX	16,580,637	16,580,637
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	17,604,780							XXX	XXX	XXX	16,580,637	16,580,637
47. Total	17,605,564 (c)										16,580,637	16,580,637

LS206.MD

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole															1	15,000
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life															1	15,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	17,673,527	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,235	4,845,761	(704)	2,602,122	10,289	17,604,780
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	17,673,527	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,235	4,845,761	(704)	2,602,122	10,289	17,604,780
47. Total	17,673,527										4,235	4,845,761	(704)	2,602,122	10,290	17,619,780

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	50,639 (f)							XXX	XXX	XXX	28,398	28,398
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	50,639							XXX	XXX	XXX	28,398	28,398
47. Total	50,639 (c)										28,398	28,398

LS206.MA

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	33,024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	20,015	4	10,618	27	50,639
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	33,024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	20,015	4	10,618	27	50,639
47. Total	33,024										13	20,015	4	10,618	27	50,639

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term	4,629											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	4,629											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed										7,004		7,004
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								3,073				3,073
25. Other												
26. Total individual annuities								3,073		7,004		10,076
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	10,402,399 (f)							XXX	XXX	XXX	9,373,075	9,373,075
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	895 (f)							XXX	XXX	XXX		
46. Total accident and health	10,403,294							XXX	XXX	XXX	9,373,075	9,373,075
47. Total	10,407,923 (c)							3,073		7,004	9,373,075	9,383,151

LS206.MI

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term															9	461,909
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life															9	461,909
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	9,908,770	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,538	2,327,494	(571)	1,420,013	6,941	10,402,399
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	(125)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	(53)	2	895
46. Total accident and health	9,908,645	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,538	2,327,494	(572)	1,419,959	6,943	10,403,294
47. Total	9,908,645										2,538	2,327,494	(572)	1,419,959	6,952	10,865,203

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	77,515 (f)							XXX	XXX	XXX	74,009	74,009
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	77,515							XXX	XXX	XXX	74,009	74,009
47. Total	77,515 (c)										74,009	74,009

LS206.MN

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	80,984	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	24,438	11	19,809	49	77,515
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	80,984	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	24,438	11	19,809	49	77,515
47. Total	80,984										23	24,438	11	19,809	49	77,515

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	815											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	815											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	3,575,091 (f)							XXX	XXX	XXX	3,334,695	3,334,695
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	55 (f)							XXX	XXX	XXX		
46. Total accident and health	3,575,146							XXX	XXX	XXX	3,334,695	3,334,695
47. Total	3,575,961 (c)										3,334,695	3,334,695

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole															2	13,000
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life															2	13,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	3,568,426	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,031	1,098,394	(141)	534,675	2,272	3,575,091
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	(3)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					1	55
46. Total accident and health	3,568,423	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,031	1,098,394	(141)	534,675	2,273	3,575,146
47. Total	3,568,423										1,031	1,098,394	(141)	534,675	2,275	3,588,146

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	6,599							10,029				10,029
3. Term	5,137											
4. Indexed												
5. Universal	300											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	12,036							10,029				10,029
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed								12,811		2,580		15,391
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities								12,811		2,580		15,391
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	44,022,158 (f)							XXX	XXX	XXX	34,246,301	34,246,301
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	334 (f)							XXX	XXX	XXX		
46. Total accident and health	44,022,492							XXX	XXX	XXX	34,246,301	34,246,301
47. Total	44,034,528 (c)							22,840		2,580	34,246,301	34,271,721

LS206.MO

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	10,000	2	10,000					2	10,000				(3)	(15,000)	10	75,000
3. Term													(1)	(71,685)	7	392,517
4. Indexed																
5. Universal															8	270,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	10,000	2	10,000					2	10,000				(4)	(86,685)	25	737,517
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed	1,595	1	12,811					1	12,811							
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	1,595	1	12,811					1	12,811							
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	40,656,160	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,851	27,528,122	(844)	8,093,164	29,948	44,022,158
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				41	3	334
46. Total accident and health	40,656,160	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,851	27,528,122	(844)	8,093,205	29,951	44,022,492
47. Total	40,667,755	3	22,811					3	22,811		22,851	27,528,122	(848)	8,006,520	29,976	44,760,009

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	2,120,291 (f)							XXX	XXX	XXX	1,233,469	1,233,469
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	2,120,291							XXX	XXX	XXX	1,233,469	1,233,469
47. Total	2,120,291 (c)										1,233,469	1,233,469

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	1,702,061	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,391	1,785,184	(15)	213,672	2,593	2,120,291
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	1,702,061	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,391	1,785,184	(15)	213,672	2,593	2,120,291
47. Total	1,702,061										2,391	1,785,184	(15)	213,672	2,593	2,120,291

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	113,968 (f)							XXX	XXX	XXX	99,494	99,494
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	113,968							XXX	XXX	XXX	99,494	99,494
47. Total	113,968 (c)										99,494	99,494

LS206.NE

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	101,482	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	8,978	3	(7,304)	49	113,968
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	101,482	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	8,978	3	(7,304)	49	113,968
47. Total	101,482										11	8,978	3	(7,304)	49	113,968

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term	600											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	600											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	2,485,790 (f)							XXX	XXX	XXX	2,161,676	2,161,676
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	2,485,790							XXX	XXX	XXX	2,161,676	2,161,676
47. Total	2,486,390 (c)										2,161,676	2,161,676

LS206.NV

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term															1	51,938
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life															1	51,938
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	2,213,097	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	151	218,581	(134)	67,852	991	2,485,790
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	2,213,097	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	151	218,581	(134)	67,852	991	2,485,790
47. Total	2,213,097										151	218,581	(134)	67,852	992	2,537,728

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	582,043 (f)							XXX	XXX	XXX	231,089	231,089
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	582,043							XXX	XXX	XXX	231,089	231,089
47. Total	582,043 (c)										231,089	231,089

LS206.NH

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	361,083	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	516	554,270	7	21,823	528	582,043
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	361,083	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	516	554,270	7	21,823	528	582,043
47. Total	361,083										516	554,270	7	21,823	528	582,043

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	36,292,298 (f)							XXX	XXX	XXX	26,366,281	26,366,281
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	36,292,298							XXX	XXX	XXX	26,366,281	26,366,281
47. Total	36,292,298 (c)										26,366,281	26,366,281

LS206.NJ

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	29,986,004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,924	17,312,764	(938)	6,978,044	25,739	36,292,298
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	29,986,004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,924	17,312,764	(938)	6,978,044	25,739	36,292,298
47. Total	29,986,004										15,924	17,312,764	(938)	6,978,044	25,739	36,292,298

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	1,123,556 (f)							XXX	XXX	XXX	765,325	765,325
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	1,123,556							XXX	XXX	XXX	765,325	765,325
47. Total	1,123,556 (c)										765,325	765,325

LS206.NM

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	990,396	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,317	985,537	(5)	92,127	1,384	1,123,556
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	990,396	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,317	985,537	(5)	92,127	1,384	1,123,556
47. Total	990,396										1,317	985,537	(5)	92,127	1,384	1,123,556

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF New York DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	152,221 (f)							XXX	XXX	XXX	177,772	177,772
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	152,221							XXX	XXX	XXX	177,772	177,772
47. Total	152,221 (c)										177,772	177,772

LS206.NY

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF New York DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	193,469	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	49,234	21	57,597	84	152,221
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	193,469	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	49,234	21	57,597	84	152,221
47. Total	193,469										35	49,234	21	57,597	84	152,221

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	27,718							70,609				70,609
3. Term	17,112											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	44,831							70,609				70,609
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	11,181,966 (f)							XXX	XXX	XXX	10,402,331	10,402,331
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	1,044 (f)							XXX	XXX	XXX	1,321	1,321
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	1,530 (f)							XXX	XXX	XXX		
46. Total accident and health	11,184,540							XXX	XXX	XXX	10,403,652	10,403,652
47. Total	11,229,371 (c)							70,609			10,403,652	10,474,261

LS206.NC

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	70,000	7	70,000					7	70,000				(8)	(100,000)	46	400,891
3. Term													(4)	(65,544)	18	1,345,083
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	70,000	7	70,000					7	70,000				(12)	(165,544)	64	1,745,974
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	10,863,821	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,032	2,043,408	(693)	1,343,841	7,067	11,181,966
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	1,320	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(2,430)	1	1,044
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	8	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					3	1,530
46. Total accident and health	10,865,149	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,032	2,043,408	(693)	1,341,411	7,071	11,184,540
47. Total	10,935,149	7	70,000					7	70,000		2,032	2,043,408	(705)	1,175,867	7,135	12,930,514

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	726											
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	726											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	358,642 (f)							XXX	XXX	XXX	135,930	135,930
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	358,642							XXX	XXX	XXX	135,930	135,930
47. Total	359,368 (c)										135,930	135,930

LS206.ND

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole															1	10,000
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life															1	10,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	235,714	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	550	334,475	(9)	4,727	547	358,642
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	235,714	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	550	334,475	(9)	4,727	547	358,642
47. Total	235,714										550	334,475	(9)	4,727	548	368,642

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	4,667		164		99		263	32,645				32,645
3. Term	28,277											
4. Indexed												
5. Universal	8,100							31,162				31,162
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	41,044		164		99		263	63,807				63,807
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed	8,150							100,037		103,660		203,698
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								1,873				1,873
25. Other												
26. Total individual annuities	8,150							101,911		103,660		205,571
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	15,741,546 (f)							XXX	XXX	XXX	13,288,155	13,288,155
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	11,697 (f)							XXX	XXX	XXX	5,469	5,469
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX	3,468	3,468
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	3,616 (f)							XXX	XXX	XXX	1,625	1,625
46. Total accident and health	15,756,859							XXX	XXX	XXX	13,298,717	13,298,717
47. Total	15,806,053 (c)		164		99		263	165,718		103,660	13,298,717	13,568,095

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	32,446	5	32,446					5	32,446				(5)	(32,446)	35	203,447
3. Term													(9)	(459,701)	68	2,619,009
4. Indexed																
5. Universal		1	31,000					1	31,000				(2)	(56,000)	24	1,514,275
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	32,446	6	63,446					6	63,446				(16)	(548,147)	127	4,336,731
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed	93,258	2	98,159					2	98,159	74,917						
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout		1						1								
25. Other																
26. Total individual annuities	93,258	3	98,159					3	98,159	74,917						
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	14,811,775	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,277	7,376,203	(600)	2,821,645	13,186	15,741,546
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	5,463	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	(2,079)	17	11,697
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	989	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					1	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	1,460	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(5)	(173)	54	3,616
46. Total accident and health	14,819,687	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,277	7,376,203	(606)	2,819,393	13,258	15,756,859
47. Total	14,945,391	9	161,605					9	161,605	74,917	8,277	7,376,203	(622)	2,271,246	13,385	20,093,590

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	1,878											
3. Term	1,583											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	3,461											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	2,237,950 (f)							XXX	XXX	XXX	2,170,082	2,170,082
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	2,237,950							XXX	XXX	XXX	2,170,082	2,170,082
47. Total	2,241,411 (c)										2,170,082	2,170,082

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole															4	25,750
3. Term													(1)	(99,000)	1	75,000
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life													(1)	(99,000)	5	100,750
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	2,291,125	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	523	587,993	(153)	245,881	1,278	2,237,950
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	2,291,125	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	523	587,993	(153)	245,881	1,278	2,237,950
47. Total	2,291,125										523	587,993	(154)	146,881	1,283	2,338,700

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	51,473 (f)							XXX	XXX	XXX	42,633	42,633
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	1,859 (f)							XXX	XXX	XXX		
46. Total accident and health	53,332							XXX	XXX	XXX	42,633	42,633
47. Total	53,332 (c)										42,633	42,633

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	47,255	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	11,646	11	12,829	34	51,473
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	50	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				465	2	1,859
46. Total accident and health	47,305	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	11,646	11	13,294	36	53,332
47. Total	47,305										10	11,646	11	13,294	36	53,332

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ ..... Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	120											
3. Term	3,753											
4. Indexed												
5. Universal	236											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	4,108											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed	600							8,579		11,107		19,686
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								4,350				4,350
25. Other												
26. Total individual annuities	600							12,929		11,107		24,036
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	21,500,521 (f)							XXX	XXX	XXX	20,628,914	20,628,914
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	55 (f)							XXX	XXX	XXX		
46. Total accident and health	21,500,576							XXX	XXX	XXX	20,628,914	20,628,914
47. Total	21,505,284 (c)							12,929		11,107	20,628,914	20,652,950

LS206.PA

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole															1	10,000
3. Term															10	556,043
4. Indexed																
5. Universal															1	25,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life															12	591,043
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed	8,579	2	8,579					2	8,579							
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	8,579	2	8,579					2	8,579							
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	20,874,376	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	172	203,189	(1,025)	645,773	10,215	21,500,521
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	(3)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					1	55
46. Total accident and health	20,874,373	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	172	203,189	(1,025)	645,773	10,216	21,500,576
47. Total	20,882,952	2	8,579					2	8,579		172	203,189	(1,025)	645,773	10,228	22,091,619

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	13,646 (f)							XXX	XXX	XXX	52,399	52,399
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	13,646							XXX	XXX	XXX	52,399	52,399
47. Total	13,646 (c)										52,399	52,399

LS206.RI

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	53,294	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3,188	1	2,659	10	13,646
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	53,294	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3,188	1	2,659	10	13,646
47. Total	53,294										3	3,188	1	2,659	10	13,646

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	812											
3. Term	10,232											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	11,045											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed										3,934		3,934
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities										3,934		3,934
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	7,722,532 (f)							XXX	XXX	XXX	7,808,984	7,808,984
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	7,722,532							XXX	XXX	XXX	7,808,984	7,808,984
47. Total	7,733,577 (c)									3,934	7,808,984	7,812,918

LS206.SC

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole															2	12,500
3. Term													(1)	(96,618)	15	1,170,618
4. Indexed																
5. Universal															2	50,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life													(1)	(96,618)	19	1,233,118
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	8,133,128	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,265	1,165,113	(385)	842,280	4,722	7,722,532
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	8,133,128	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,265	1,165,113	(385)	842,280	4,722	7,722,532
47. Total	8,133,128										1,265	1,165,113	(386)	745,662	4,741	8,955,650

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	833,852 (f)							XXX	XXX	XXX	853,373	853,373
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	6,245 (f)							XXX	XXX	XXX	4,516	4,516
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	840,097							XXX	XXX	XXX	857,889	857,889
47. Total	840,097 (c)										857,889	857,889

LS206.SD

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	929,729	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	324	284,194	(15)	92,103	631	833,852
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	4,516	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1		(1)	(624)	7	6,245
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	934,245	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	325	284,194	(16)	91,479	638	840,097
47. Total	934,245										325	284,194	(16)	91,479	638	840,097

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	725											
3. Term	4,872											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	5,597											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed										803		803
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities										803		803
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	11,364,415 (f)							XXX	XXX	XXX	11,404,520	11,404,520
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	204 (f)							XXX	XXX	XXX		
46. Total accident and health	11,364,619							XXX	XXX	XXX	11,404,520	11,404,520
47. Total	11,370,216 (c)									803	11,404,520	11,405,323

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole															2	11,000
3. Term															8	383,645
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life															10	394,645
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	11,625,570	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	495	418,768	(606)	1,338,985	7,315	11,364,415
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	(12)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					3	204
46. Total accident and health	11,625,558	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	495	418,768	(606)	1,338,985	7,318	11,364,619
47. Total	11,625,558										495	418,768	(606)	1,338,985	7,328	11,759,264

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	9,439							10,040		2,399		12,439
3. Term	731											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	10,170							10,040		2,399		12,439
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed										3,616		3,616
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities										3,616		3,616
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	13,980,638 (f)							XXX	XXX	XXX	14,675,943	14,675,943
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	2,319 (f)							XXX	XXX	XXX	2,004	2,004
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	2,373 (f)							XXX	XXX	XXX		
46. Total accident and health	13,985,330							XXX	XXX	XXX	14,677,947	14,677,947
47. Total	13,995,500 (c)							10,040		6,015	14,677,947	14,694,002

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	10,000	2	10,000					2	10,000				(2)	10,000	16	149,156
3. Term										200,000			1	98,974	9	349,864
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	10,000	2	10,000					2	10,000	200,000			(1)	108,974	25	499,020
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	14,870,815	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	413	447,625	(840)	1,081,249	7,168	13,980,638
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	2,004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(406)	3	2,319
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	225	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	(3,267)	1	2,373
46. Total accident and health	14,873,044	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	413	447,625	(841)	1,077,575	7,172	13,985,330
47. Total	14,883,044	2	10,000					2	10,000	200,000	413	447,625	(842)	1,186,549	7,197	14,484,350

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term	2,440											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	2,440											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	4,817,725 (f)							XXX	XXX	XXX	5,105,824	5,105,824
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	4,817,725							XXX	XXX	XXX	5,105,824	5,105,824
47. Total	4,820,165 (c)										5,105,824	5,105,824

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term													(1)	(93,024)		
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life													(1)	(93,024)		
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	5,388,127	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,281	1,100,649	(279)	506,342	3,463	4,817,725
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	5,388,127	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,281	1,100,649	(279)	506,342	3,463	4,817,725
47. Total	5,388,127										1,281	1,100,649	(280)	413,318	3,463	4,817,725

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	21,363 (f)							XXX	XXX	XXX	10,879	10,879
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	21,363							XXX	XXX	XXX	10,879	10,879
47. Total	21,363 (c)										10,879	10,879

LS206.VT

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	13,125	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4,505	5	10,288	13	21,363
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	13,125	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4,505	5	10,288	13	21,363
47. Total	13,125										4	4,505	5	10,288	13	21,363

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	22,225							51,358		5,377		56,735
3. Term	8,929											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	31,154							51,358		5,377		56,735
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed										26,151		26,151
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities										26,151		26,151
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	1,806,577 (f)							XXX	XXX	XXX	928,501	928,501
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	986 (f)							XXX	XXX	XXX		
46. Total accident and health	1,807,563							XXX	XXX	XXX	928,501	928,501
47. Total	1,838,717 (c)							51,358		31,528	928,501	1,011,387

LS206.VA

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	51,000	6	51,000					6	51,000				(6)	(46,000)	33	261,500
3. Term													(5)	(356,767)	13	864,474
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	51,000	6	51,000					6	51,000				(11)	(402,767)	46	1,125,974
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed	1,535									1,535						
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	1,535									1,535						
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	1,323,045	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,086	1,157,183	(11)	35,015	2,233	1,806,577
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	7	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					1	986
46. Total accident and health	1,323,052	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,086	1,157,183	(11)	35,015	2,234	1,807,563
47. Total	1,375,587	6	51,000					6	51,000	1,535	2,086	1,157,183	(22)	(367,752)	2,280	2,933,537

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	128,122 (f)							XXX	XXX	XXX	82,357	82,357
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	967 (f)							XXX	XXX	XXX		
46. Total accident and health	129,089							XXX	XXX	XXX	82,357	82,357
47. Total	129,089 (c)										82,357	82,357

LS206.WA

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	92,656	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	23,861	24	47,230	77	128,122
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	7	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					1	967
46. Total accident and health	92,663	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	23,861	24	47,230	78	129,089
47. Total	92,663										21	23,861	24	47,230	78	129,089

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	1,251											
3. Term	4,691											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	5,941											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed								2,695		3,785		6,480
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities								2,695		3,785		6,480
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	262,515 (f)							XXX	XXX	XXX	146,893	146,893
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	262,515							XXX	XXX	XXX	146,893	146,893
47. Total	268,456 (c)							2,695		3,785	146,893	153,373

LS206.WV

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole															2	19,500
3. Term													(1)	(200,000)	3	257,575
4. Indexed																
5. Universal															1	50,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life													(1)	(200,000)	6	327,075
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed	2,695	1	2,695					1	2,695							
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities	2,695	1	2,695					1	2,695							
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	214,501	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	330	199,083	1	31,117	348	262,515
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	214,501	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	330	199,083	1	31,117	348	262,515
47. Total	217,196	1	2,695					1	2,695		330	199,083		(168,883)	354	589,590

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	11,108,663 (f)							XXX	XXX	XXX	12,081,767	12,081,767
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	211 (f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	2,852 (f)							XXX	XXX	XXX		
46. Total accident and health	11,111,726							XXX	XXX	XXX	12,081,767	12,081,767
47. Total	11,111,726 (c)										12,081,767	12,081,767

LS206.WI

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	12,686,381	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,278	2,394,784	(368)	1,726,374	6,897	11,108,663
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	(25)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	(315)		211
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	203	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				534	3	2,852
46. Total accident and health	12,686,559	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,278	2,394,784	(369)	1,726,593	6,900	11,111,726
47. Total	12,686,559										2,278	2,394,784	(369)	1,726,593	6,900	11,111,726

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	1,732,365 (f)							XXX	XXX	XXX	903,115	903,115
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	2,669 (f)							XXX	XXX	XXX		
46. Total accident and health	1,735,034							XXX	XXX	XXX	903,115	903,115
47. Total	1,735,034 (c)										903,115	903,115

LS206.WY

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	1,432,754	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,713	1,662,013	(12)	26,813	2,722	1,732,365
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	(210)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	(965)	2	2,669
46. Total accident and health	1,432,544	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,713	1,662,013	(13)	25,848	2,724	1,735,034
47. Total	1,432,544										2,713	1,662,013	(13)	25,848	2,724	1,735,034

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	(f)							XXX	XXX	XXX		
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health								XXX	XXX	XXX		
47. Total	(c)											

LS206.AS

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	(f)							XXX	XXX	XXX		
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health								XXX	XXX	XXX		
47. Total	(c)											

LS206.GU

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	3,033 (f)							XXX	XXX	XXX	1,034	1,034
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	3,033							XXX	XXX	XXX	1,034	1,034
47. Total	3,033 (c)										1,034	1,034

LS206.PR

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	1,078	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1,528	(1)	159	1	3,033
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	1,078	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1,528	(1)	159	1	3,033
47. Total	1,078										1	1,528	(1)	159	1	3,033

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	4,680 (f)							XXX	XXX	XXX	30,821	30,821
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health	4,680							XXX	XXX	XXX	30,821	30,821
47. Total	4,680 (c)										30,821	30,821

LS206.VI

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits — Claims Settled During Current Year — Totals Paid 14 Number of Pols/ Certs	Totals Paid 15 Amount	Reduction by Compromise 16 Number of Pols/ Certs	Reduction by Compromise 17 Amount	Amount Rejected 18 Number of Pols/ Certs	Amount Rejected 19 Amount	Total Settled During Current Year 20 Number of Pols/ Certs	Total Settled During Current Year 21 Amount	22 Unpaid December 31, Current Year	Policy Exhibit — Issued During Year 23 Number of Pols/ Certs	Issued During Year 24 Amount	Other Changes to In Force (Net) 25 Number of Pols/ Certs	Other Changes to In Force (Net) 26 Amount	In Force December 31, Current Year (b) 27 Number of Pols/ Certs	In Force December 31, Current Year (b) 28 Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	31,309	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			2	3,679	3	4,680
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health	31,309	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			2	3,679	3	4,680
47. Total	31,309												2	3,679	3	4,680

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	(f)							XXX	XXX	XXX		
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health								XXX	XXX	XXX		
47. Total	(c)											

LS206.MP

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LS206.1.MP

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Canada DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total individual annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	(f)							XXX	XXX	XXX		
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	(f)							XXX	XXX	XXX		
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	(f)							XXX	XXX	XXX		
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX		
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	(f)							XXX	XXX	XXX		
46. Total accident and health								XXX	XXX	XXX		
47. Total	(c)											

LS206.CN

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Canada DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total individual annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total accident and health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

LS206.1.CN

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	97,854		164		99		263	210,694		9,893		220,587
3. Term	137,151											
4. Indexed												
5. Universal	16,193							31,162				31,162
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total individual life	251,199		164		99		263	241,855		9,893		251,749
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total group life												
Individual Annuities												
20. Fixed	43,550							272,951		183,226		456,177
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								9,640				9,640
25. Other												
26. Total individual annuities	43,550							282,592		183,226		465,817
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
33. Total group annuities												
Accident and Health												
34. Comprehensive individual (d)	4,690 (f)							XXX	XXX	XXX	293	293
35. Comprehensive group (d)	(f)							XXX	XXX	XXX		
36. Medicare supplement (d)	355,448,292 (f)							XXX	XXX	XXX	305,447,395	305,447,395
37. Vision only (d)	(f)							XXX	XXX	XXX		
38. Dental only (d)	32,023 (f)							XXX	XXX	XXX	19,519	19,519
39. Federal employees health benefits plan (d)	(f)							XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e,f)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)	(f)							XXX	XXX	XXX		
42. Credit A&H	(f)							XXX	XXX	XXX		
43. Disability income (d)	(f)							XXX	XXX	XXX	3,468	3,468
44. Long-term care (d)	(f)							XXX	XXX	XXX		
45. Other health (d)	28,863 (f)							XXX	XXX	XXX	12,075	12,075
46. Total accident and health	355,513,868							XXX	XXX	XXX	305,482,750	305,482,750
47. Total	355,808,617 (c)		164		99		263	524,447		193,119	305,482,750	306,200,316

LS206.GT

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0917 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2025 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole	193,012	28	208,946					28	208,946	1,566			(29)	(209,946)	196	1,550,442
3. Term										200,000			(33)	(1,870,778)	237	13,479,853
4. Indexed																
5. Universal		1	31,000					1	31,000				(2)	(56,000)	51	2,644,275
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total individual life	193,012	29	239,946					29	239,946	201,566			(64)	(2,136,724)	484	17,674,570
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total group life																
Individual Annuities																
20. Fixed	254,418	7	269,000					7	269,000	76,451						
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout		1						1								
25. Other																
26. Total individual annuities	254,418	8	269,000					8	269,000	76,451						
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total group annuities																
Accident and Health																
34. Comprehensive individual (d)	(237)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1	(1,915)	4	4,690
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare supplement (d)	335,435,833	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	124,430	131,211,239	(12,855)	49,353,899	238,400	355,448,292
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	19,518	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1		(3)	(5,889)	43	32,023
39. Federal employees health benefits plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	989	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					1	
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	11,802	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(9)	(5,258)	97	28,863
46. Total accident and health	335,467,905	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	124,431	131,211,239	(12,866)	49,340,838	238,545	355,513,868
47. Total	335,915,335	37	508,946					37	508,946	278,017	124,431	131,211,239	(12,930)	47,204,114	239,029	373,188,438

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ .....

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) For health business report Direct Premiums Earned: Comprehensive Individual $ ..... ; Comprehensive Group $ ..... ; Medicare Supplement $ ..... ; Vision Only $ ..... ; Dental Only $ ..... ; Federal Employees Health Benefits Plan $ .....
Title XVIII Medicare $ ..... ; Title XIX Medicaid $ ..... ; Credit A&H $ ..... ; Disability Income $ ..... ; Long-term Care $ ..... ; Other Health $ .....

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Alabama

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Alaska

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Arizona

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Arkansas

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: California

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Colorado

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly
Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Connecticut

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Delaware

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: District of Columbia

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Florida

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Georgia

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Hawaii

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Idaho

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Illinois

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Indiana

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Iowa

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Kansas

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Kentucky

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Louisiana

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Maine

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Maryland

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Massachusetts

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Michigan

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Minnesota

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Mississippi

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Missouri

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Montana

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Nebraska

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Nevada

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: New Hampshire

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: New Jersey

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: New Mexico

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: North Carolina

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: North Dakota

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Ohio

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Oklahoma

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Oregon

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Pennsylvania

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Rhode Island

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: South Carolina

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly
Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: South Dakota

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Tennessee

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Texas

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Utah

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Vermont

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Virginia

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

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SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Washington

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: West Virginia

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Wisconsin

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Wyoming

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	

SUPPLEMENT FOR THE YEAR 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY formerly Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed by March 1)

FOR THE STATE OF: Puerto Rico

NAIC Group Code 0917 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	
5. Individual life	
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	
13. Pet insurance plans	