



HEALTH QUARTERLY STATEMENT
AS OF JUNE 30, 2025
OF THE CONDITION AND AFFAIRS OF THE
HealthSpring National Health Insurance Company, formerly Cigna
National Health Insurance Company

NAIC Group Code 0917 0901 NAIC Company Code 61727 Employer's ID Number 34-0970995
(Current) (Prior)
Organized under the Laws of Ohio State of Domicile or Port of Entry OH
Country of Domicile United States of America
Licensed as business type: Life, Accident & Health
Is HMO Federally Qualified? Yes [] No [X]
Incorporated/Organized 07/02/1963 Commenced Business 05/12/1965
Statutory Home Office 4400 East Commons Way, Suite 125 Columbus, OH, US 43219
(Street and Number) (City or Town, State, Country and Zip Code)
Main Administrative Office 500 Great Circle Road
(Street and Number)
Nashville, TN, US 37228 512-451-2224
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Mail Address 500 Great Circle Road Nashville, TN, US 37228
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)
Primary Location of Books and Records 500 Great Circle Road
(Street and Number)
Nashville, TN, US 37228 512-451-2224
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Website Address www.HCSC.com
Statutory Statement Contact Renee Wilkins Feldman 512-531-1465
(Name) (Area Code) (Telephone Number)
CSBFInRpt@cignahealthcare.com 512-467-1399
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer, President Stephen Devon Harris # Treasurer Lillian Michelle Sutton #
Secretary Arlene Keh Lim #
OTHER
Kimberly Ann Green #, Vice President, Compliance Eric Roger Schmid #, Vice President, Tax
DIRECTORS OR TRUSTEES
Kimberly Ann Green # Sachin Gupta # Stephen Devon Harris #
Eric Roger Schmid # Lillian Michelle Sutton #

State of Tennessee SS:
County of Davidson

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

Subscribed and sworn to before me this 8th day of August 2025
Kathleen G. Yates
Notary Public
My Commission Expires on 10/26/2027
Sumner County
Signed by: Stephen Harris Arlene Keh Lim Lillian Sutton
2F4384200F374EC... BE36C41B43684AE... CA143F002788472...
Stephen Devon Harris
Chief Executive Officer, President
Arlene Keh Lim
Secretary
Lillian Michelle Sutton
Treasurer

- 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.....