



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
Organized under the Laws of	(Current)		(Prior)	State of Domicile or Port of Entry		
	Ohio			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		(Street and Number)			
			Columbus, OH, US 43219			
Main Administrative Office	500 Great Circle Road		(Street and Number)			
	Nashville, TN, US 37228		512-451-2224			
Mail Address	500 Great Circle Road		(Street and Number or P.O. Box)			
			Nashville, TN, US 37228			
Primary Location of Books and Records	500 Great Circle Road		(Street and Number)			
	Nashville, TN, US 37228		512-451-2224			
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	Ariene Keh Lim #		

OTHER

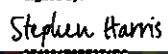
Kimberly Ann Green #, Vice President, Compliance	Eric Roger Schmid #, Vice President, Tax
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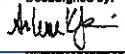
DIRECTORS OR TRUSTEES

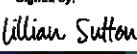
Kimberly Ann Green #	Sachin Gupta #	Stephen Devon Harris #
Eric Roger Schmid #	Lillian Michelle Sutton #	

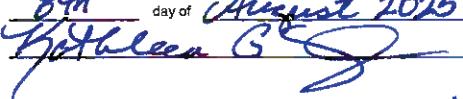
State of Tennessee
County of Davidson SS:

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.

Signed by: 
Stephen Devon Harris
274504200574EC

DocuSigned by:

Ariene Keh Lim
Secretary

Signed by:

Lillian Michelle Sutton
Treasurer

Subscribed and sworn to before me this
8th day of August 2025

Notary Public
My Commission
Expires on
10/26/2027

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

Yes [X] No []

