



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 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

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

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

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

Mail Address 300 E. Randolph Street, Chicago, IL, US 60601
(Street and Number or P.O. Box) (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, 312-653-6000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.HCSC.com

Statutory Statement Contact Mark Larson, 972-766-4350
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OFFICERS

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

OTHER

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

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.

Stephen Devon Harris
Chief Executive Officer, President

Arlene Keh Lim
Secretary

Lillian Michelle Sutton
Treasurer

Subscribed and sworn to before me this
day of _____

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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY,
F/K/A CIGNA NATIONAL HEALTH INSURANCE COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	5,719,161		5,719,161	4,625,111
2. Stocks:				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	7,578,025		7,578,025	14,257,741
3. Mortgage loans on real estate:				
3.1 First liens	0		0	0
3.2 Other than first liens.....	0		0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)	0		0	0
4.2 Properties held for the production of income (less \$ encumbrances)	0		0	0
4.3 Properties held for sale (less \$ encumbrances)	0		0	0
5. Cash (\$ 63,105,991), cash equivalents (\$ 105,410,848) and short-term investments (\$)	168,516,839		168,516,839	37,331,782
6. Contract loans (including \$ premium notes)	0		0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities	0		0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	181,814,025	0	181,814,025	56,214,634
13. Title plants less \$ charged off (for Title insurers only)	0		0	0
14. Investment income due and accrued	379,121		379,121	36,856
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	754,263	6,189	748,074	613,850
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	108,545		108,545	93,316
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)	0		0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	47,652		47,652	47,654
16.2 Funds held by or deposited with reinsured companies	0		0	0
16.3 Other amounts receivable under reinsurance contracts	10,781		10,781	10,295
17. Amounts receivable relating to uninsured plans	0		0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	2,853,501		2,853,501	10,616,089
18.2 Net deferred tax asset	0		0	0
19. Guaranty funds receivable or on deposit	47,978		47,978	57,956
20. Electronic data processing equipment and software	0		0	0
21. Furniture and equipment, including health care delivery assets (\$)	0		0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0		0	0
23. Receivables from parent, subsidiaries and affiliates	1,133		1,133	20,009,258
24. Health care (\$) and other amounts receivable	42,751,215	42,751,215	0	0
25. Aggregate write-ins for other-than-invested assets	19,259	19,259	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	228,787,473	42,776,663	186,010,810	87,699,908
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0		0	0
28. Total (Lines 26 and 27)	228,787,473	42,776,663	186,010,810	87,699,908
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Expenses and Miscellaneous	19,259	19,259	0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	19,259	19,259	0	0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY,
F/K/A CIGNA NATIONAL HEALTH INSURANCE COMPANY

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 323,555 reinsurance ceded)	52,514,829		52,514,829	26,075,568
2. Accrued medical incentive pool and bonus amounts	0		0	0
3. Unpaid claims adjustment expenses	716,416		716,416	356,177
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	7,179,391		7,179,391	4,066,061
5. Aggregate life policy reserves	0		0	0
6. Property/casualty unearned premium reserve	0		0	0
7. Aggregate health claim reserves	788		788	864
8. Premiums received in advance	2,943,940		2,943,940	3,473,448
9. General expenses due or accrued	2,518,723		2,518,723	2,043,011
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))	0		0	0
10.2 Net deferred tax liability	0		0	0
11. Ceded reinsurance premiums payable	188,701		188,701	183,080
12. Amounts withheld or retained for the account of others	0		0	0
13. Remittances and items not allocated	347,649		347,649	226,591
14. Borrowed money (including \$ 0 current) and interest thereon \$ (including \$ 0 current)	0		0	0
15. Amounts due to parent, subsidiaries and affiliates	6,118,021		6,118,021	4,021,047
16. Derivatives	0		0	0
17. Payable for securities	187,223		187,223	0
18. Payable for securities lending	0		0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)	0		0	0
20. Reinsurance in unauthorized and certified (\$ 0) companies	0		0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0		0	0
22. Liability for amounts held under uninsured plans	0		0	0
23. Aggregate write-ins for other liabilities (including \$ 0 current)	19,855	0	19,855	5,385
24. Total liabilities (Lines 1 to 23)	72,735,536	0	72,735,536	40,451,232
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	371,862,110	194,862,110
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(261,086,836)	(150,113,434)
32. Less treasury stock, at cost:				
32.1 \$ shares common (value included in Line 26 \$)	XXX	XXX		
32.2 \$ shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	113,275,274	47,248,676
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	186,010,810	87,699,908
DETAILS OF WRITE-INS				
2301. Escheat Liability	18,052		18,052	3,351
2302. Other Amounts Payable on Reinsurance	1,803		1,803	2,034
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	19,855	0	19,855	5,385
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	1,491,109	819,769	1,169,993
2. Net premium income (including \$ non-health premium income).....	XXX	240,945,815	119,586,042	174,621,632
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(2,332,920)	(117,851)	(2,782,837)
4. Fee-for-service (net of \$ medical expenses).....	XXX		0	
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	7,644	3,297	4,397
7. Aggregate write-ins for other non-health revenues	XXX	20	2	0
8. Total revenues (Lines 2 to 7)	XXX	238,620,559	119,471,490	171,843,192
Hospital and Medical:				
9. Hospital/medical benefits		227,522,331	117,306,351	171,022,447
10. Other professional services			0	0
11. Outside referrals			0	0
12. Emergency room and out-of-area			0	0
13. Prescription drugs			0	0
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts			0	0
16. Subtotal (Lines 9 to 15)	0	227,522,331	117,306,351	171,022,447
Less:				
17. Net reinsurance recoveries		139,616	157,654	204,533
18. Total hospital and medical (Lines 16 minus 17)	0	227,382,715	117,148,697	170,817,914
19. Non-health claims (net)			0	
20. Claims adjustment expenses, including \$ 60,860 cost containment expenses		2,293,184	1,025,901	1,814,708
21. General administrative expenses		83,868,704	48,645,378	71,939,710
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		236,273	5,105	8,679
23. Total underwriting deductions (Lines 18 through 22).....	0	313,780,876	166,825,081	244,581,011
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(75,160,317)	(47,353,591)	(72,737,819)
25. Net investment income earned		2,085,897	1,021,301	1,380,725
26. Net realized capital gains (losses) less capital gains tax of \$ (23)		(86)	207	278
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,085,811	1,021,508	1,381,003
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0	0
29. Aggregate write-ins for other income or expenses	0	(3,254)	(1,522)	(2,221)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(73,077,760)	(46,333,605)	(71,359,037)
31. Federal and foreign income taxes incurred	XXX	(4,788,666)	(8,537,989)	(17,266,757)
32. Net income (loss) (Lines 30 minus 31)	XXX	(68,289,094)	(37,795,616)	(54,092,280)
DETAILS OF WRITE-INS				
0601. Ceding commission amortization	XXX	7,644	3,297	4,397
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	7,644	3,297	4,397
0701. Interest on agent balances	XXX	20	2	
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	20	2	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Penalties		(3,254)	(1,522)	(2,221)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	(3,254)	(1,522)	(2,221)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	47,248,674	16,523,017	16,523,017
34. Net income or (loss) from Line 32	(68,289,094)	(37,795,616)	(54,092,280)
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	(26,679,716)	(4,809,133)	(13,460,894)
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	0	0	0
39. Change in nonadmitted assets	(15,996,946)	(5,300,634)	(11,714,096)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles.....		(2,678)	(2,678)
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....		0	
45. Surplus adjustments:			
45.1 Paid in	177,000,000	60,000,000	110,000,000
45.2 Transferred to capital (Stock Dividend)		0	
45.3 Transferred from capital		0	
46. Dividends to stockholders		0	
47. Aggregate write-ins for gains or (losses) in surplus	(7,644)	(3,297)	(4,395)
48. Net change in capital & surplus (Lines 34 to 47)	66,026,600	12,088,642	30,725,657
49. Capital and surplus end of reporting period (Line 33 plus 48)	113,275,274	28,611,659	47,248,674
DETAILS OF WRITE-INS			
4701. Change in Surplus as a result of Reinsurance	(7,644)	(3,297)	(4,395)
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	(7,644)	(3,297)	(4,395)

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY,
F/K/A CIGNA NATIONAL HEALTH INSURANCE COMPANY

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	240,826,246	119,282,473	174,221,518
2. Net investment income	1,744,218	1,024,171	1,367,207
3. Miscellaneous income	7,664	3,299	4,397
4. Total (Lines 1 to 3)	242,578,128	120,309,943	175,593,122
5. Benefit and loss related payments	200,943,528	107,632,686	155,727,608
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	83,214,600	52,896,756	74,601,701
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(12,551,277)	(4,394,000)	(7,415,839)
10. Total (Lines 5 through 9)	271,606,851	156,135,443	222,913,470
11. Net cash from operations (Line 4 minus Line 10)	(29,028,723)	(35,825,500)	(47,320,348)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	520,000	1,480,000	1,480,000
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	262	352
12.7 Miscellaneous proceeds	187,223	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	707,223	1,480,262	1,480,352
13. Cost of investments acquired (long-term only):			
13.1 Bonds	21,614,637	1,494,624	1,494,624
13.2 Stocks	0	0	10,000,000
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	21,614,637	1,494,624	11,494,624
14. Net increase/(decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(20,907,414)	(14,362)	(10,014,272)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	197,000,000	60,000,000	90,000,000
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	(15,878,806)	(5,404,987)	(11,639,864)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	181,121,194	54,595,013	78,360,136
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	131,185,057	18,755,151	21,025,516
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	37,331,780	16,306,264	16,306,264
19.2 End of period (Line 18 plus Line 19.1)	168,516,836	35,061,415	37,331,780

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
Total Members at end of:														
1. Prior Year	127,050	4	0	126,824	0	92	0	0	0	0	1	0	129	0
2. First Quarter	156,548	4	0	156,337	0	86	0	0	0	0	1	0	120	0
3. Second Quarter	179,235	4	0	179,024	0	86	0	0	0	0	1	0	120	0
4. Third Quarter	212,597	4	0	212,386	0	88	0	0	0	0	1	0	118	0
5. Current Year	212,597	4	0	212,386	0	88	0	0	0	0	1	0	118	0
6. Current Year Member Months	1,491,109	36	0	1,489,196	0	782	0	0	0	0	9	0	1,086	0
Total Member Ambulatory Encounters for Period:														
7. Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (a)	241,163,184	2,086	0	241,114,800	0	24,908	0	0	0	0	0	0	21,390	0
13. Life Premiums Direct	255,796	0	0	0	0	0	0	0	0	0	0	0	255,796	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	238,835,951	2,937	0	238,787,763	0	23,959	0	0	0	0	0	0	21,292	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services.....	201,082,936	255	0	201,053,150	0	14,855	0	0	0	0	2,601	0	12,075	0
18. Amount Incurred for Provision of Health Care Services	227,522,332	(275)	0	227,493,792	0	14,853	0	0	0	0	2,601	0	11,361	0

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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY, F/K/A CIGNA NATIONAL HEALTH INSURANCE COMPANY

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

Aging Analysis of Unpaid Claim

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)						
0299999 Aggregate accounts not individually listed-uncovered						
0399999 Aggregate accounts not individually listed-covered						
0499999 Subtotals	0	0	0	0	0	0
0599999 Unreported claims and other claim reserves						50,176,04
0699999 Total amounts withheld						2,662,33
0799999 Total claims unpaid						52,838,38
0899999 Accrued medical incentive pool and bonus amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual					0	0
2. Comprehensive (hospital and medical) group					0	0
3. Medicare Supplement	21,661,666	179,267,521	1,306,385	51,200,661	22,968,051	26,066,526
4. Vision only					0	0
5. Dental only	1,216	7,197	0	1,197	1,216	1,198
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare					0	0
8. Title XIX - Medicaid					0	0
9. Credit A&H					0	0
10. Disability Income	217	0	0	2,327	217	3,191
11. Long-term care					0	0
12. Other health	5,225	406	913	4,134	6,138	5,517
13. Health subtotal (Lines 1 to 12)	21,668,324	179,275,124	1,307,298	51,208,319	22,975,622	26,076,432
14. Health care receivables (a)					0	0
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts					0	0
17. Totals (Lines 13 - 14 + 15 + 16)	21,668,324	179,275,124	1,307,298	51,208,319	22,975,622	26,076,432

(a) Excludes \$ loans or advances to providers not yet expensed.

Notes to the Financial Statements

Note 1 – Summary of Significant Accounting Policies and Going Concern

On March 19, 2025, The Cigna Group completed the sale of its Medicare Advantage, Medicare Individual Stand-Alone Prescription Drug Plans, Medicare and Other Supplemental Benefits, and CareAllies businesses to Health Care Service Corporation ("HCSC"). The Company was included as part of this transaction. As a result of this sale, the Company's ultimate parent is now HCSC, effective as of the transaction closing date.

A. Accounting Practices

The financial Statements of HealthSpring National Health Insurance Company, formerly Cigna National Health Insurance Company, ("HNHIC" or "the Company" are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

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

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

	SSAP #	F/S Page	F/S Line #	2025	2024
NET INCOME					
(1) Company state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ (68,289,094)	\$ (54,092,280)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ (68,289,094)	\$ (54,092,280)
SURPLUS					
(5) Company state basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 113,275,274	\$ 47,248,676
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 113,275,274	\$ 47,248,676

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

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

C. Accounting Policy

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

The Company uses the following accounting policies:

- (2) Basis for Short-Term Investments, Bonds and Amortization
Bonds not backed by other loans are stated at amortized cost using the interest rate method, except for those bonds with an NAIC 3-6 designation, which are carried at the lower of amortized cost or fair value. Fair values are calculated based on market prices provided by the custodian. If there are no market prices provided by the custodian, the fair value is calculated by the Company in conjunction with its investment advisors. All NAIC Securities Valuation Office (SVO) identified bond exchange-traded funds (ETFs) held by the Company are reported at fair value.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology
Asset-backed securities are carried at amortized cost, except for those asset-backed securities with an initial NAIC 3-6 designation, which are carried at the lower of amortized cost or fair value.

Prepayment assumptions for asset-backed securities are obtained from Mortgage Industry Advisor Corporation (MIAC) Mortgage Industry Medians (MIMs), Moody's Analytics, and Reuters, and the retrospective adjustment method is used. Once a asset-backed security has recognized an other-than temporary impairment (OTTI), the security is prospectively accreted over its remaining life to the undiscounted estimate of principal recovery.

D. Going Concern

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

Note 2 – Accounting Changes and Correction of Errors

Statement of Statutory Accounting Principles (SSAP) No. 26, Bonds, SSAP No. 43 Loan-Backed and Structured Securities, and other related SSAPs were updated as part of the NAIC's principle-based bond definition project. Under the new bond definition, bonds are classified as either an "issuer credit obligation" or an "asset-backed security" and must establish a creditor relationship. Securities that exhibit equity-like features will transition to a new accounting and reporting standards under SSAP No. 21, Other Admitted Assets. The revisions were effective January 1, 2025. Adoption of this guidance did not have a material impact on the Company's financial position and results of operations.

Note 3 – Business Combinations and Goodwill

Not applicable.

Notes to the Financial Statements

Note 4 – Discontinued Operations

Not applicable.

Note 5 – Investments

A. - C. Not applicable.

D. Loan Backed Securities

- (1) Prepayment assumptions for fixed-rate agency mortgage-backed securities are determined utilizing MIAC MIMs. MIMs are derived from a semimonthly dealer-consensus survey of long-term prepayment projections. Prepayment assumptions for other mortgage-backed, loan-backed and structured securities are obtained from Moody's Analytics. Moody's applies a flat economic credit model and utilizes a vector of multiple monthly speeds as opposed to a single speed for more robust projections. In instances where Moody's projections are not available, data is obtained from Reuters which utilizes the median prepayment speed from contributors models.
- (2) In 2025, the Company has not recognized any other temporary investments parentheses (OTTIs) on loan backed securities that are classified under either intent to sell or under inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis.
- (3) The Company did not recognize any OTTIs on loan-backed securities during the period ended September 30, 2025.
- (4) There were no loan-backed and structured securities with a fair value lower than amortized cost as of September 30, 2025.
- (5) The Company believes that all unrealized losses on individual securities are the result of normal price fluctuations due to market conditions and are not an indication of OTTI. Market conditions include interest rate fluctuations, credit quality, supply, and demand.

E. - R. Not applicable.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

Not applicable.

Note 9 – Income Taxes

No significant changes

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

As a result of the sale of HNHIC to HCSC, services formerly provided to the Company by Cigna through various intercompany arrangements have been replaced by a Transition Services Agreement ("TSA"). Services under the TSA will expire at various times through 2026 as similar services become available to the Company through new intercompany arrangements with HCSC.

On May 13, 2025, July 18, 2025, August 1, 2025, August 19, 2025, and September 30, 2025 the Company received a \$20,000,000, \$10,000,000, \$14,000,000, \$57,000,000, and \$76,000,000 totalling \$177,000,000 in capital contribution from HCSC Medicare Inc.

On May 30, 2025 and July 18, 2025, the Company contributed \$6,000,000 and \$14,000,000, respectively, to Provident American Life and Health Insurance company.

Note 11 – Debt

Not applicable.

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

On March 19, 2025, most all Cigna employees associated with the business sold to HCSC became employees of HCSC ("the conveying employees"). As a result of the sale, various benefits formerly provided to the conveying employees by Cigna were terminated and replaced by similar benefits provided by HCSC.

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

No significant changes.

Notes to the Financial Statements

Note 14 – Liabilities, Contingencies and Assessments

B. Assessments - There were no material impacts to existing or new guaranty fund assessments for the three months ended September 30, 2025.

F. All Other Contingencies

Other Legal Matters

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

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

Note 15 – Leases

No significant changes.

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

No significant changes.

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

B. Transfer and Servicing of Financial Assets - Not applicable.

C. The Company was not involved in any wash sale transactions in 2025.

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

Not applicable.

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

Not applicable.

Note 20 – Fair Value Measurements

A. Fair Value Measurements

The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy that gives the highest rating to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level 3). There were no changes in valuation techniques from the prior period.

Level 1 – Inputs are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.

Level 2 – Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads, and yield curves.

Level 3 – Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

Net Asset Value (NAV) – NAV per share is the amount of net assets attributable to each share of capital stock (other than senior equity securities, that is, preferred stock) outstanding at the close of the period. It excludes the effects of assuming conversion of outstanding convertible securities, whether or not their conversion would have a diluting effect.

In order to be classified as Level 1, unadjusted quoted market prices for identical assets or liabilities in active markets must be available. Fair values based on quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the investment (e.g., market interest rates and volatilities, spreads, yield curves, reported trades, broker/dealer quotes, bids, and offers) are classified as Level 2. Fair values not determined using the methods applicable to Levels 1 and 2, such as using discounted cash flow analysis, incorporating current market inputs for similar financial instruments with comparable terms and credit quality (matrix pricing) or other methods, models, and assumptions that management believes market participants would use to determine a current transaction price are assigned to Level 3.

The Company's invested assets subject to this disclosure are priced principally through independent pricing services that obtain prices from reputable pricing vendors in the marketplace. Through contracted custodians and software vendors, the Company obtains prices for all securities and continually monitors and reviews the external pricing sources while actively attempting to resolve any pricing issues that may arise. These service providers use a market approach to find pricing of similar financial instruments.

These valuation techniques involve some level of management estimation and judgment, which become significant with increasingly complex instruments or pricing models. Where appropriate, adjustments are included to reflect the risk inherent in a particular methodology, model, or input used.

Notes to the Financial Statements

(1) Fair Value Measurements at Reporting Date

The following table summarizes fair value measurements by level as of September 30, 2025 for financial instruments carried at fair value:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash Equivalents					
Exempt Money Market Mutual Funds	\$ —	\$ —	\$ —	\$ 31,616,431	\$ 31,616,431
Other Money Market Mutual Funds	\$ —	\$ —	\$ —	\$ 73,794,416	\$ 73,794,416
Total Assets at fair value	\$ —	\$ —	\$ —	\$ 105,410,848	\$ 105,410,848

The following table summarizes fair value measurements by level as of December 31, 2024 for financial instruments carried at fair value:
None.

(2) Fair Value Measurements in Level 3 of the Fair Value Hierarchy

Not applicable

(3) Level 3 Transfers

Not applicable

(4) Valuation Techniques and Inputs

Not applicable

B. Other Fair Value Disclosures

Not applicable.

C. Aggregate Fair Value of All Financial Instruments

The following table provides the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of September 30, 2025:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 5,557,228	\$ 5,719,161	\$ —	\$ 5,557,228		0	
Cash, Cash Equivalents, and Short-term Investments	\$ 168,516,839	\$ 168,516,839	\$ 63,105,991	\$ —		105410848	

The following table provides the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of December 31, 2024:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	(Carrying Value)
Bonds	\$ 4,289,267	\$ 4,625,109	\$ 4,289,267				
Cash, Cash Equivalents, and Short-term Investments	\$ 37,331,782	\$ 37,331,782	\$ (1,005,634)	\$ 38,337,416			

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

None.

E. Investments Measured Using the NAV Practical Expenditure

Not applicable

Note 21 – Other Items

No significant changes.

Note 22 – Events Subsequent

Management has evaluated the financial statements for subsequent events through November 14, 2025, the date financial statements were available to be issued.

On October 1, 2025 the Company contributed a \$10,000,000 capital contribution to Provident American Life and Health Insurance company.

Note 23 – Reinsurance

No significant changes.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable.

Notes to the Financial Statements

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2024 were \$26,076,264. As of September 30, 2025, \$21,668,324 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,306,689 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Medicare Supplement business. Therefore, there has been a \$3,101,252 favorable prior year development since December 31, 2024 to September 30, 2025. The change is generally the result of ongoing analysis of recent loss development trends.

B. Information about Significant Changes in Methodologies and Assumptions

Original estimates are increased or decreased as additional information becomes known regarding individual claims.

Note 26 – Intercompany Pooling Arrangements

Not applicable.

Note 27 – Structured Settlements

Not applicable.

Note 28 – Health Care Receivables

Not applicable.

Note 29 – Participating Policies

No significant changes.

Note 30 – Premium Deficiency Reserves

Not applicable.

Note 31 – Anticipated Salvage and Subrogation

Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

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

2.2 If yes, date of change: _____

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

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

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

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A [X]
If yes, attach an explanation.

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

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2023

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/30/2025

6.4 By what department or departments?
Ohio Department of Insurance

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

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

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

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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

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

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

GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

 9.2 Has the code of ethics for senior managers been amended? Yes [] No []
 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []
 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []
 11.2 If yes, give full and complete information relating thereto:

 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$.....
 13. Amount of real estate and mortgages held in short-term investments: \$.....
 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
 14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$0
14.22 Preferred Stock	\$0	\$0
14.23 Common Stock	\$14,257,741	\$7,578,025
14.24 Short-Term Investments	\$0	\$0
14.25 Mortgage Loans on Real Estate	\$0	\$0
14.26 All Other	\$0	\$0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$14,257,741	\$7,578,025
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$0	\$0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
 If no, attach a description with this statement.

 16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$0
 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0
 16.3 Total payable for securities lending reported on the liability page. \$0

GENERAL INTERROGATORIES

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

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

1 Name of Custodian(s)	2 Custodian Address
Wellington Management Company LLP	345 North Morgan Street, 4th Floor Chicago, Illinois 60607

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No []

17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
Lillian Michelle Sutton	I
Wellington Management Company LLP	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
106595	Wellington Management Company LLP	549300YHP12TEZNLX41	SEC	DS

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

18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No []

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No []

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- The fund only or predominantly holds bonds in its portfolio.
- The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No []

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	95.418 %
1.2 A&H cost containment percent	0.026 %
1.3 A&H expense percent excluding cost containment expenses	36.169 %

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

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

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

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

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

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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY, F/K/A CIGNA NATIONAL HEALTH INSURANCE COMPANY

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

NON E

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	2 Accident and Health Premiums	Direct Business Only								10 Deposit-Type Contracts
			3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8		
1. Alabama	AL	3,194,291					16,160		3,210,451		
2. Alaska	AK	3,389					448		3,837		
3. Arizona	AZ	9,997,983					30,297		10,028,280		
4. Arkansas	AR	835,857					2,745		838,602		
5. California	CA	119,910					188		119,910		
6. Colorado	CO	8,985,189							8,985,377		
7. Connecticut	CT	5,261,480							5,261,480		
8. Delaware	DE	57,520					241		57,761		
9. District of Columbia	DC	5,525							5,525		
10. Florida	FL	21,051,234					3,835		21,055,069		
11. Georgia	GA	6,426,414					553		6,426,967		
12. Hawaii	HI	6,525							6,525		
13. Idaho	ID	45,016					379		45,395		
14. Illinois	IL	9,042,227					3,588		9,045,815		
15. Indiana	IN	8,757,159					17,507		8,774,666		
16. Iowa	IA	760,159					675		760,834		
17. Kansas	KS	7,083,060					9,953		7,093,013		
18. Kentucky	KY	4,054,827					226		4,055,053		
19. Louisiana	LA	3,106,501							3,106,501		
20. Maine	ME	23,832							23,832		
21. Maryland	MD	12,304,615					641		12,305,256		
22. Massachusetts	MA	19,617							19,617		
23. Michigan	MI	7,379,783					3,508		7,383,291		
24. Minnesota	MN	28,240							28,240		
25. Mississippi	MS	2,506,482					611		2,507,093		
26. Missouri	MO	27,137,656					9,302		27,146,958		
27. Montana	MT	1,088,712							1,088,712		
28. Nebraska	NE	76,364							76,364		
29. Nevada	NV	1,803,815					450		1,804,265		
30. New Hampshire	NH	206,144							206,144		
31. New Jersey	NJ	25,017,766							25,017,766		
32. New Mexico	NM	638,114							638,114		
33. New York	NY	59,401							59,401		
34. North Carolina	NC	8,020,970					47,784		8,068,754		
35. North Dakota	ND	145,363					544		145,907		
36. Ohio	OH	10,585,686					47,397		10,633,083		
37. Oklahoma	OK	1,574,192					2,637		1,576,829		
38. Oregon	OR	23,176							23,176		
39. Pennsylvania	PA	16,352,927					3,528		16,356,455		
40. Rhode Island	RI	9,218							9,218		
41. South Carolina	SC	5,452,014					8,432		5,460,446		
42. South Dakota	SD	559,329							559,329		
43. Tennessee	TN	8,284,045					4,220		8,288,265		
44. Texas	TX	10,448,318					7,844		10,456,162		
45. Utah	UT	3,344,326					2,440		3,346,766		
46. Vermont	VT	7,858							7,858		
47. Virginia	VA	794,423					24,360		818,783		
48. Washington	WA	58,961							58,961		
49. West Virginia	WV	109,898					5,301		115,199		
50. Wisconsin	WI	7,785,864							7,785,864		
51. Wyoming	WY	518,646							518,646		
52. American Samoa	AS	0							0		
53. Guam	GU	0							0		
54. Puerto Rico	PR	1,093							1,093		
55. U.S. Virgin Islands	VI	2,067							2,067		
56. Northern Mariana Islands	MP	N							0		
57. Canada	CAN	N							0		
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0	
59. Subtotal		XXX	241,163,181	0	0	0	255,794	0	241,418,975	0	
60. Reporting Entity Contributions for Employee Benefit Plans		XXX							0		
61. Totals (Direct Business)	XXX	241,163,181	0	0	0	0	255,794	0	241,418,975	0	
DETAILS OF WRITE-INS											
58001.		XXX									
58002.		XXX									
58003.		XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0	
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0	0	

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 40 4. Q - Qualified - Qualified or accredited reinsurer..... 0
2. R - Registered - Non-domiciled RRGs..... 0 5. N - None of the above - Not allowed to write business in the state..... 17
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0

COMPANY	NAIC CODE	FEDERAL ID NUMBERS	DOMICILED STATE	PERCENTAGE OWNED BY PARENT
HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	70670	36-1236610	IL	
DEARBORN LIFE INSURANCE COMPANY	71129	36-2598882	IL	100.00%
DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	85090	22-3026145	NY	100.00%
DENTAL NETWORK OF AMERICA, LLC		36-3339483	DE	100.00%
DENTEMAX, LLC		38-2612298	DE	100.00%
DENTAL SOLUTIONS, INC.		20-1067299	MI	100.00%
HCSC PURCHASING, LLC		36-4186601	DE	100.00%
HCSC INSURANCE SERVICES COMPANY	78611	73-1350270	IL	100.00%
PRIME HEALTH HOLDINGS LLC		38-4358504	DE	38.98%
AVAILITY, LLC		59-3715944	DE	21.44%
CAREALLIES, INC.		81-2760646	DE	100.00%
CAREALLIES ACCOUNTABLE CARE COLLABORATIVE, LLC		85-0954556	DE	100.00%
CAREALLIES ACCOUNTABLE CARE SOLUTIONS, LLC		87-1813801	DE	100.00%
CAPITAL GROUP FOR BETTER HEALTH, LLC		88-4112374	DE	51.00%
COLLECTIVEHEALTH, INC.		46-3985383	DE	12.35%
GHS INSURANCE COMPANY	29718	73-1507369	OK	100.00%
GHS GENERAL INSURANCE AGENCY, INC.		73-1514691	OK	100.00%
GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUELINCS HMO	11814	73-1191843	OK	100.00%
MEDECISION, INC.		23-2530889	PA	100.00%
CMH TECHNOLOGY SUBSIDIARY, LLC		82-4418148	DE	100.00%
EXCELL HEALTHCARE ADVISORS, LLC		88-4252820	DE	100.00%
GSI HEALTH, LLC		80-0849331	PA	100.00%
HEALTH INTELLIGENCE COMPANY LLC D/B/A BLUE HEALTH INTELLIGENCE		27-4269034	DE	10.64%
INNOVISTA, LLC		30-0802612	DE	100.00%
ESSENTIAL HEALTH PARTNERS, LLC		83-3093990	IL	40.00%
INNOVISTA HEALTH PARTNERS, LLC		99-4379181	TX	100.00%
INNOVISTA MEDICAL CENTER TEXAS, LLC D/B/A INNOVISTA MEDICAL CENTER		83-4213500	TX	100.00%
SILVER CROSS MSO, LLC		85-3005773	IL	13.33%
SOLERA HEALTH, INC.		47-5298764	DE	28.51%
TRIWEST ALLIANCE INC.		86-0813402	DE	15.51%
HCSC VENTURES, INC.		37-1789176	DE	100.00%
ALACURA HOLDINGS, INC. ¹		83-2215567	DE	23.18%
AVALON HEALTH SERVICES, LLC D/B/A AVALON HEALTHCARE SOLUTIONS		46-3019902	DE	17.61%
BLUECROSS BLUESHIELD VENTURES, INC.		26-2930757	DE	21.55%
BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.		26-2936839	DE	1.00%
BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.		26-2936839	DE	21.34%
COGITATIVO, INC.		47-1692551	DE	14.73%
HCSC ITC, LLC		82-1682951	DE	100.00%
HEALTHBOX CHICAGO III LLC		47-0970280	DE	36.27%
HCSC INVESTMENTS, LLC		87-4386908	DE	100.00%

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY, F/K/A CIGNA NATIONAL HEALTH INSURANCE COMPANY

ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	16013	61-1782332	IL	100.00%
505 INSURANCE COMPANY	16359	38-3984430	NM	100.00%
TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	15941	36-4836697	TX	100.00%
SOUTH WATER INSURANCE COMPANY		84-2710924	UT	100.00%
LUMINARE HEALTH BENEFITS, INC.		35-1846036	DE	100.00%
HCSC MEDICARE HOLDINGS INC.		99-1194798	DE	100.00%
HCSC MEDICARE INC.		99-1194574	DE	100.00%
CERES SALES OF OHIO, LLC		34-1970892	OH	100.00%
HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIGNA HEALTHCARE OF COLORADO, INC.)	95604	84-1004500	CO	100.00%
HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE CO.)	61727	34-0970995	OH	100.00%
PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	67903	23-1335885	OH	100.00%
HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANCE COMPANY)	65269	75-2305400	OH	100.00%
HEALTHSPRING, INC.		20-1821898	DE	100.00%
NEWQUEST, LLC		76-0628370	TX	100.00%
HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	12902	20-8534298	IL	100.00%
HEALTHSPRING MANAGEMENT OF AMERICA, LLC		20-8647386	DE	100.00%
HEALTHSPRING OF FLORIDA, INC.	11532	65-1129599	FL	100.00%
HEALTHSPRING USA, LLC		72-1559530	TN	100.00%
HOUQUEST, LLC		75-3108521	DE	100.00%
GULFQUEST, LP		76-0657035	TX	99.00%
NEWQUEST MANAGEMENT NORTHEAST, LLC		52-1929677	DE	100.00%
BRAVO HEALTH PENNSYLVANIA, INC.	11524	52-2363406	PA	100.00%
BRAVO HEALTH MID-ATLANTIC, INC.	10095	52-2259087	MD	100.00%
NEWQUEST MANAGEMENT ALABAMA, LLC		33-1033586	AL	100.00%
NEWQUEST MANAGEMENT OF FLORIDA, LLC		20-4954206	FL	100.00%
NEWQUEST MANAGEMENT OF ILLINOIS, LLC		77-0632665	IL	100.00%
TENNESSEE QUEST, LLC		20-5524622	TN	100.00%
TEXQUEST, LLC		75-3108527	DE	100.00%
GULFQUEST, LP		76-0657035	TX	1.00%
LOYAL AMERICAN LIFE INSURANCE COMPANY	65722	63-0343428	OH	100.00%
AMERICAN RETIREMENT LIFE INSURANCE COMPANY	88366	59-2760189	OH	100.00%
MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK	34720	13-3506395	NY	100.00%
MEDCO CONTAINMENT LIFE INSURANCE COMPANY	63762	42-1425239	PA	100.00%
STERLING LIFE INSURANCE COMPANY	77399	13-1867829	IL	100.00%
CIVICASCIPT, LLC		84-4777602	DE	0.00%
CARING FOR CHILDREN FOUNDATION OF TEXAS, INC.		75-2393811	TX	0.00%
THE OKLAHOMA CARING FOUNDATION, INC.		73-1470846	OK	0.00%
THE CARING FOUNDATION OF MONTANA, INC.		35-2613131	MT	0.00%
PLANITES CREDIT UNION		36-6057472	IL	0.00%
LIFETIME FEDERAL CREDIT UNION		75-6020171	TX	0.00%

¹Includes 2.78% passive investment through private equity funds.

SCHEDULE Y
PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0917	HCSC GROUP	70670	36-1236610		0000350793 ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. IL.... DEARborn LIFE INSURANCE COMPANY .....	.. IL.... .. NY....	UDP.... IA.... IA....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management .....	.. 0.000 ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO ..	
.0917	HCSC GROUP	71129	36-2598882	003857522 ..		DEARborn NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. DE....	IA....	DEARborn LIFE INSURANCE COMPANY	Ownership, Board of Directors, Management	100.000 ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO ..	
.0917	HCSC GROUP	85090	22-3026145			DENTAL NETWORK OF AMERICA, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. DE....	IA....	DENTAL NETWORK OF AMERICA, LLC	Ownership	100.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	36-3339483			DENTAL NETWORK OF AMERICA, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. DE....	IA....	DEARborn LIFE INSURANCE COMPANY	Board of Directors, Management .....	.. 0.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	0000001 ..
		00000	36-3339483			DENTEMAX, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. DE....	IA....	DENTAL NETWORK OF AMERICA, LLC	Ownership, Board of Directors, Management	100.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	38-2612298			DENTAL SOLUTIONS, INC.	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. MI....	IA....	DENTEMAX, LLC	Ownership, Management	100.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	0000002 ..
		00000	20-1067299			HCSC PURCHASING, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. DE....	IA....	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	36-4186601			HCSC INSURANCE SERVICES COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. IL....	IA....	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			PRIME THERAPEUTICS LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. DE....	IA....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	39.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	26-0076803			AVAILITY, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. DE....	IA....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	19.500 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	59-3715944			CAREALLIES, INC.	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. DE....	IA....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	100.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	26-0180898			CAREALLIES ACCOUNTABLE CARE COLLABORATIVE, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. DE....	IA....	CAREALLIES, INC.	Ownership	100.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	85-0954556			CAREALLIES ACCOUNTABLE CARE SOLUTIONS, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. DE....	IA....	CAREALLIES, INC.	Ownership	100.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	87-1813801			CAPITAL GROUP FOR BETTER HEALTH, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. DE....	IA....	CAREALLIES, INC.	Ownership	100.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	88-4112374			COLLECTIVEHEALTH, INC.	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. DE....	IA....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	14.500 ..	MUTUAL LEGAL RESERVE COMPANY	YES ..	
.0917	HCSC GROUP	29718	73-1507369			GHS INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. OK....	IA....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	73-1514691			GHS GENERAL INSURANCE AGENCY, INC.	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. OK....	IA....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
.0917	HCSC GROUP	11814	73-1191843		0001367705 ..	MEDECISION, INC.	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. OK....	IA....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	23-2530889			CMH TECHNOLOGY SUBSIDIARY, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. DE....	IA....	MEDECISION, INC.	Ownership	100.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	82-4418148			GSI HEALTH, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. PA....	IA....	MEDECISION, INC.	Ownership	100.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	80-0849331			HEALTH INTELLIGENCE COMPANY LLC D/B/A BLUE HEALTH INTELLIGENCE	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. DE....	IA....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	10.600 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	27-4269034		0001508432 ..	INNOVISTA, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. DE....	IA....	INNOVISTA, LLC	Ownership, Board of Directors, Management	100.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	30-0802612			ESSENTIAL HEALTH PARTNERS, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. IL....	IA....	INNOVISTA, LLC	Ownership, Board of Directors	40.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	83-3093990			GENOVISTA HEALTH, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.. TX....	IA....	INNOVISTA, LLC	Ownership, Board of Directors	49.000 ..	MUTUAL LEGAL RESERVE COMPANY	NO ..	
		00000	83-4283301												

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 Domestic- ciliary Loca- tion	10 Rela- tionship 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 Owner- ship Provide Percentage	14 Ultimate Controlling Entity(es)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
		00000	99-4379181			INNOVISTA HEALTH PARTNERS, LLC	INNOVISTA, LLC	TX.....IA.....	.....IA.....	INNOVISTA, LLC	Ownership.....	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	83-4213500			INNOVISTA MEDICAL CENTER TEXAS, LLC D/B/A INNOVISTA MEDICAL CENTER		TX.....IA.....	.....IA.....	INNOVISTA, LLC	Ownership, Board of Directors	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	85-3005773			SILVER CROSS MSO, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	IL.....IA.....	.....IA.....	INNOVISTA, LLC	Ownership, Board of Directors	13.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	47-5298764			SOLERA HEALTH, INC.	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	DE.....IA.....	.....IA.....	LEGAL RESERVE COMPANY	Ownership, Board of Directors	28.800	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		
		00000	86-0813402			TRIWEST ALLIANCE, INC.	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	DE.....IA.....	.....IA.....	LEGAL RESERVE COMPANY	Ownership, Board of Directors	15.600	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES.....	
		00000	37-1789176			HCSC VENTURES, INC.	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	DE.....IA.....	.....IA.....	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.	HCSC VENTURES, INC.	DE.....IA.....	.....IA.....	HCSC VENTURES, INC.	Ownership, Board of Directors	23.200	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO.....	0000007
		00000	46-3019902			AVALON HEALTH SERVICES, LLC D/B/A AVALON HEALTHCARE SOLUTIONS	HCSC VENTURES, INC.	DE.....IA.....	.....IA.....	HCSC VENTURES, INC.	Ownership, Board of Directors	18.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	26-2930757		0001439779 ..	BLUECROSS BLUESHIELD VENTURES, INC.	HCSC VENTURES, INC.	DE.....IA.....	.....IA.....	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.	BLUECROSS BLUESHIELD VENTURES, INC.	DE.....IA.....	.....IA.....	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.	HCSC VENTURES, INC.	DE.....IA.....	.....IA.....	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.	HCSC VENTURES, INC.	DE.....IA.....	.....IA.....	HCSC VENTURES, INC.	Ownership, Board of Directors	11.900	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	82-1682951			HCSC ITC, LLC	HCSC VENTURES, INC.	DE.....IA.....	.....IA.....	HCSC VENTURES, INC.	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	47-0970280		0001612123 ..	HEALTHBOX CHICAGO III LLC	HCSC VENTURES, INC.	DE.....IA.....	.....IA.....	HCSC VENTURES, INC.	Ownership.....	36.300	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO.....	
		00000	87-4386908			HCSC INVESTMENTS, LLC	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	DE.....IA.....	.....IA.....	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	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	IL.....IA.....	.....IA.....	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	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NM.....IA.....	.....IA.....	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	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	TX.....IA.....	.....IA.....	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	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	UT.....IA.....	.....IA.....	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.	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	DE.....IA.....	.....IA.....	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.	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	DE.....IA.....	.....IA.....	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.	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	DE.....IA.....	.....IA.....	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	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	OH.....IA.....	.....IA.....	HCSC MEDICARE INC.	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		
		95604	84-1004500			CIGNA HEALTHCARE OF COLORADO, INC.	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	CO.....IA.....	.....IA.....	HCSC MEDICARE INC.	Ownership, Board, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		
		61727	34-0970995			HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	OH.....RE.....	.....RE.....	HCSC MEDICARE INC.	Ownership, Board, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		
		67903	23-1335885			PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	OH.....DS.....	.....DS.....	CIGNA NATIONAL HEALTH INSURANCE COMPANY	Ownership, Board, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		

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 Domestic- ciliary Loca- tion	10 Rela- tionship 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 Owner- ship Provide Per- centage	14 Ultimate Controlling Entity(es)/Person(s)	15 Is an SCA Filing Re- quired? (Yes/No)	16
		65269	75-2305400			CIGNA INSURANCE COMPANY		OH	DS	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	Ownership, Board, Management	100.000	HEALTH CARE SERVICE CORPORATION, A		
		00000	20-1821898			HEALTHSPRING, INC.		DE	IA	HCSC MEDICARE INC.	Ownership, Board, Management	100.000	MUTUAL LEGAL RESERVE COMPANY		
		00000	76-0628370			NEWQUEST, LLC		TX	IA	HEALTHSPRING, INC.	Ownership, Board, Management	100.000	HEALTH CARE SERVICE CORPORATION, A		
		12902	20-8534298			HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.		IL	IA	NEWQUEST, LLC	Ownership, Board, Management	100.000	MUTUAL LEGAL RESERVE COMPANY		
		00000	20-8647386			HEALTHSPRING MANAGEMENT OF AMERICA, LLC		DE	IA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A		
		11532	65-1129599			HEALTHSPRING OF FLORIDA, INC.		FL	IA	NEWQUEST, LLC	Ownership, Board, Management	100.000	MUTUAL LEGAL RESERVE COMPANY		
		00000	72-1559530			HEALTHSPRING USA, LLC		TN	IA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A		
		00000	75-3108521			HOQUEST, LLC		DE	IA	NEWQUEST, LLC	Ownership, Management	100.000	MUTUAL LEGAL RESERVE COMPANY		
		00000	76-0657035			GULFQUEST, LP		TX	IA	HOQUEST, LLC	Ownership, Management	.99.000	HEALTH CARE SERVICE CORPORATION, A		0000003
		00000	52-1929677			NEWQUEST MANAGEMENT NORTHEAST, LLC		DE	IA	NEWQUEST, LLC	Ownership, Management	100.000	MUTUAL LEGAL RESERVE COMPANY		
		11524	52-2363406			BRAVO HEALTH PENNSYLVANIA, INC.		PA	IA	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board, Management	100.000	HEALTH CARE SERVICE CORPORATION, A		
		10095	52-2259087			BRAVO HEALTH MID-ATLANTIC, INC.		MD	IA	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board, Management	100.000	MUTUAL LEGAL RESERVE COMPANY		
		00000	33-1033586			NEWQUEST MANAGEMENT ALABAMA, LLC		AL	IA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A		
		00000	20-4954206			NEWQUEST MANAGEMENT OF FLORIDA, LLC		FL	IA	NEWQUEST, LLC	Ownership, Management	100.000	MUTUAL LEGAL RESERVE COMPANY		
		00000	77-0632665			NEWQUEST MANAGEMENT OF ILLINOIS, LLC		IL	IA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A		
		00000	20-5524622			TENNESSEE QUEST, LLC		TN	IA	NEWQUEST, LLC	Ownership, Management	100.000	MUTUAL LEGAL RESERVE COMPANY		
		00000	75-3108527			TEXQUEST, LLC		DE	IA	NEWQUEST, LLC	Ownership, Management	100.000	HEALTH CARE SERVICE CORPORATION, A		
		00000	76-0657035			GULFQUEST, LP		TX	IA	TEXQUEST, LLC	Ownership, Management	1.000	MUTUAL LEGAL RESERVE COMPANY		0000003
		65722	63-0343428			LOYAL AMERICAN LIFE INSURANCE COMPANY		OH	IA	HCSC MEDICARE INC.	Ownership, Board, Management	100.000	HEALTH CARE SERVICE CORPORATION, A		
		88366	59-2760189			AMERICAN RETIREMENT LIFE INSURANCE COMPANY		OH	IA	LOYAL AMERICAN LIFE INSURANCE COMPANY	Ownership, Board, Management	100.000	MUTUAL LEGAL RESERVE COMPANY		
		34720	13-3506395			MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK		NY	IA	HCSC MEDICARE INC.	Ownership, Board, Management	100.000	HEALTH CARE SERVICE CORPORATION, A		
		63762	42-1425239			MEDCO CONTAINMENT LIFE INSURANCE COMPANY		PA	IA	HCSC MEDICARE INC.	Ownership, Board, Management	100.000	MUTUAL LEGAL RESERVE COMPANY		
		77399	13-1867829			STERLING LIFE INSURANCE COMPANY		IL	IA	HCSC MEDICARE INC.	Ownership, Board, Management	100.000	HEALTH CARE SERVICE CORPORATION, A		
		00000	84-4777602			CIVICASCIPT, LLC		DE	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors	0.000	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	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	NO	0000004

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 Domi-ciliary Loca-tion	10 Rela-tion-ship 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 Owner-ship Provide Percent-age	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
		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
0000001	Except in this case, Column 11 includes only those entities with an ownership interest in a corresponding downstream subsidiary (DS) listed in Column 8
0000002	Ownership (shell company)
0000003	Reflect direct ownership percentages only
0000004	Majority of the directors are employees or directors of HCSC
0000005	6 of 10 directors are employees of HCSC, all officers are HCSC employees, and HCSC provides support and staffing
0000006	All members and directors are current or former HCSC and affiliate employees and their families, and HCSC provides support
0000007	Includes 2.78% passive investment through private equity funds
0000008	HCSC controls 1 of 10 board seats

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
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Explanation:

1. The data for this supplement is not required to be filed.

Bar Code:

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



OVERFLOW PAGE FOR WRITE-INS

NONE

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY,
F/K/A CIGNA NATIONAL HEALTH INSURANCE COMPANY

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:		
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Current year change in encumbrances
4. Total gain (loss) on disposals
5. Deduct amounts received on disposals
6. Total foreign exchange change in book/adjusted carrying value
7. Deduct current year's other than temporary impairment recognized
8. Deduct current year's depreciation
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)
10. Deduct total nonadmitted amounts
11. Statement value at end of current period (Line 9 minus Line 10)

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year
2. Cost of acquired:		
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase/(decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium and mortgage interest paid and commitment fees
9. Total foreign exchange change in book value/recorded investment excluding accrued interest
10. Deduct current year's other than temporary impairment recognized
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)
12. Total valuation allowance
13. Subtotal (Line 11 plus Line 12)
14. Deduct total nonadmitted amounts
15. Statement value at end of current period (Line 13 minus Line 14)

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:		
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase/(decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium, depreciation and proportional amortization
9. Total foreign exchange change in book/adjusted carrying value
10. Deduct current year's other than temporary impairment recognized
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)
12. Deduct total nonadmitted amounts
13. Statement value at end of current period (Line 11 minus Line 12)

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	18,882,855	22,324,620
2. Cost of bonds and stocks acquired	21,614,637	11,494,624
3. Accrual of discount	3,251	6,879
4. Unrealized valuation increase/(decrease)	(26,679,716)	(13,460,894)
5. Total gain (loss) on disposals	0	0
6. Deduct consideration for bonds and stocks disposed of	520,000	1,480,000
7. Deduct amortization of premium	3,837	2,374
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	13,297,190	18,882,855
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	13,297,190	18,882,855

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	5,718,851			309	4,624,158	5,718,851	5,719,161	42,962,523
2. NAIC 2 (a)	0				0	0	0	0
3. NAIC 3 (a)	0				0	0	0	0
4. NAIC 4 (a)	0				0	0	0	0
5. NAIC 5 (a)	0				0	0	0	0
6. NAIC 6 (a)	0				0	0	0	0
7. Total ICO	5,718,851	0	0	309	4,624,158	5,718,851	5,719,161	42,962,523
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total ABS	0	0	0	0	0	0	0	0
PREFERRED STOCK								
15. NAIC 1	0				0	0	0	0
16. NAIC 2	0				0	0	0	0
17. NAIC 3	0				0	0	0	0
18. NAIC 4	0				0	0	0	0
19. NAIC 5	0				0	0	0	0
20. NAIC 6	0				0	0	0	0
21. Total Preferred Stock	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	5,718,851	0	0	309	4,624,158	5,718,851	5,719,161	42,962,523

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$; NAIC 2 \$; NAIC 3 \$ NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	38,337,416	17,525,140
2. Cost of cash equivalents acquired	942,453,758	581,192,618
3. Accrual of discount	521,946	1,295,893
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	(109)	352
6. Deduct consideration received on disposals	875,902,163	561,676,587
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	105,410,848	38,337,416
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	105,410,848	38,337,416

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

N O N E

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

N O N E

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open

N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Restricted Asset Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Bank of America Depository ... Richmond, VA		0.000	0	0	9,636,096	(147,241)	(631,647)	XXX
Austin, TX/San Antonio, TX								
JPMorgan Chase—Depository ...		0.000	0	0	4,414,662	14,074,384	1,375,268	XXX
Northern Trust ... Chicago, IL		0.000	0	0	0	0	62,017,908	XXX
Wachovia Bank, N.a. ... Winston Salem, NC		0.000	0	0	342,498	343,734	344,462	XXX
0199998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	14,393,256	14,270,877	63,105,991	XXX
0299998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	14,393,256	14,270,877	63,105,991	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
.....
.....
.....
.....
.....
.....
0599999. Total - Cash	XXX	XXX	0	0	14,393,256	14,270,877	63,105,991	XXX

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY, F/K/A CIGNA NATIONAL HEALTH INSURANCE COMPANY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Restricted Asset Code	4 Date Acquired	5 Stated Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0489999999. Total - Issuer Credit Obligations (Unaffiliated)							0	0
0499999999. Total - Issuer Credit Obligations (Affiliated)							0	0
0509999999. Total - Issuer Credit Obligations							0	0
09248U-71-8	BLKRK LOC:T-FUND INSTL		09/30/2025	.3.980		.9,403,299	.42,459	73,967
4812C2-23-9	JPMORGAN:US TRS-MM CAP		09/30/2025	.3.980		.9,183,377	.49,166	48,382
665279-80-8	NORTHERN INST:TREAS SH		09/30/2025	.3.980		.13,029,755	.13,936	15,819
8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO						31,616,431	105,560	138,168
31846V-33-6	FIRST AMER:GVT OBLG X		09/30/2025	.4.020		.9,289,191	.69,832	18,441
38141W-27-3	GOLDMAN:FS GOVT INST		09/30/2025	.4.020		.9,006,299	.6,299	0
4812C0-67-0	JPMORGAN:US GVT MM CAP		09/30/2025	.4.000		.9,005,532	.5,532	0
665278-40-4	NORTHERN INST:US GVT SHS		09/30/2025	.3.920		.46,493,394	.145,382	14,762
8309999999. Subtotal - All Other Money Market Mutual Funds						73,794,416	227,045	33,203
8589999999. Total Cash Equivalents (Unaffiliated)						105,410,848	332,605	171,372
8599999999. Total Cash Equivalents (Affiliated)							0	0
8609999999 - Total Cash Equivalents							105,410,848	332,605
								171,372