



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

## QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025  
OF THE CONDITION AND AFFAIRS OF THE

**HealthSpring Insurance Company, formerly Cigna Insurance Company**

NAIC Group Code 0917 (Current) 0901 (Prior) NAIC Company Code 65269 Employer's ID Number 75-2305400

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 and Health  Fraternal Benefit Societies

Incorporated/Organized 06/26/1957 Commenced Business 08/13/1957  
Statutory Home Office 4400 Easton Commons Way, Suite 125 Columbus, OH, US 43219

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

(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](http://www.HCSC.com)

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

## OFFICERS

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

**OTHER** **Eric Roger Schmid #, Vice President, Tax** **Mark Edmund Ochal #, Vice President**

**DIRECTORS OR TRUSTEES**

Kimberly Ann Green #	Sachin Gupta #	Stephen Devon Harris #
Eric R. Schmidt #	Lily M. Miller #	

State of Tennessee County of Davidson SS: SS

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

Stephen Devon Harris  
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 INSURANCE COMPANY, FORMERLY CIGNA  
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 .....	2,654,264		2,654,264	2,779,867
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ ..... 4,554,462 ), cash equivalents (\$ ..... 9,851,285 ) and short-term investments (\$ ..... ) .....	14,405,747		14,405,747	10,210,739
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) .....	17,060,011	0	17,060,011	12,990,606
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	67,464		67,464	8,151
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	12,642	638	12,004	4,751
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	0		0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	831,830		831,830	1,232,036
18.2 Net deferred tax asset .....	0	0	0	0
19. Guaranty funds receivable or on deposit .....	0		0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	69,341	0	69,341	12,950
24. Health care (\$ ..... ) and other amounts receivable .....	17,518,480	17,518,480	0	0
25. Aggregate write-ins for other than invested assets .....	40,443	40,443	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	35,600,211	17,559,561	18,040,650	14,248,494
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	35,600,211	17,559,561	18,040,650	14,248,494
<b>DETAILS OF WRITE-INS</b>				
1101. .....				
1102. .....				
1103. .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Other receivables and prepaid expenses .....	40,443	40,443	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)	40,443	40,443	0	0

## LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts \$ ..... less \$ ..... included in Line 6.3 (including \$ ..... Modco Reserve) .....	0	0
2. Aggregate reserve for accident and health contracts (including \$ ..... Modco Reserve) .....	1,313,006	507,597
3. Liability for deposit-type contracts (including \$ ..... Modco Reserve) .....	0	0
4. Contract claims:		
4.1 Life .....	0	0
4.2 Accident and health .....	10,893,151	1,961,484
5. Policyholders' dividends/refunds to members \$ ..... and coupons \$ ..... due and unpaid .....	0	0
6. Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year - estimated amounts:		
6.1 Policyholders' dividends and refunds to members apportioned for payment (including \$ ..... Modco) .....	0	0
6.2 Policyholders' dividends and refunds to members not yet apportioned (including \$ ..... Modco) .....	0	0
6.3 Coupons and similar benefits (including \$ ..... Modco) .....	0	0
7. Amount provisionally held for deferred dividend policies not included in Line 6 .....	0	0
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ ..... discount; including \$ ..... 1,117,540 accident and health premiums .....	1,117,540	1,148,281
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts .....	0	0
9.2 Provision for experience rating refunds, including the liability of \$ ..... accident and health experience rating refunds of which \$ ..... is for medical loss ratio rebate per the Public Health Service Act .....	0	0
9.3 Other amounts payable on reinsurance, including \$ ..... assumed and \$ ..... ceded .....	0	0
9.4 Interest Maintenance Reserve .....	5,717	8,462
10. Commissions to agents due or accrued-life and annuity contracts \$ ..... , accident and health \$ ..... and deposit-type contract funds \$ ..... .....	246,760	0
11. Commissions and expense allowances payable on reinsurance assumed .....	0	0
12. General expenses due or accrued .....	148,390	27,849
13. Transfers to Separate Accounts due or accrued (net) (including \$ ..... accrued for expense allowances recognized in reserves, net of reinsured allowances) .....	0	0
14. Taxes, licenses and fees due or accrued, excluding federal income taxes .....	746,146	168,505
15.1 Current federal and foreign income taxes, including \$ ..... on realized capital gains (losses) .....	0	0
15.2 Net deferred tax liability .....	0	0
16. Unearned investment income .....	0	0
17. Amounts withheld or retained by reporting entity as agent or trustee .....	0	0
18. Amounts held for agents' account, including \$ ..... agents' credit balances .....	0	0
19. Remittances and items not allocated .....	93,935	0
20. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0
21. Liability for benefits for employees and agents if not included above .....	0	0
22. Borrowed money \$ ..... and interest thereon \$ ..... .....	0	0
23. Dividends to stockholders declared and unpaid .....	0	0
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve .....	0	0
24.02 Reinsurance in unauthorized and certified (\$ ..... ) companies .....	0	0
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$ ..... ) reinsurers .....	0	0
24.04 Payable to parent, subsidiaries and affiliates .....	1,554,256	1,213,733
24.05 Drafts outstanding .....	0	0
24.06 Liability for amounts held under uninsured plans .....	0	0
24.07 Funds held under coinsurance .....	0	0
24.08 Derivatives .....	0	0
24.09 Payable for securities .....	14,510	0
24.10 Payable for securities lending .....	0	0
24.11 Capital notes \$ ..... and interest thereon \$ ..... .....	0	0
25. Aggregate write-ins for liabilities .....	0	0
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25) .....	16,133,411	5,035,911
27. From Separate Accounts Statement .....	0	0
28. Total liabilities (Lines 26 and 27) .....	16,133,411	5,035,911
29. Common capital stock .....	1,500,000	1,500,000
30. Preferred capital stock .....	0	0
31. Aggregate write-ins for other than special surplus funds .....	0	0
32. Surplus notes .....	0	0
33. Gross paid in and contributed surplus .....	58,820,665	38,820,665
34. Aggregate write-ins for special surplus funds .....	0	0
35. Unassigned funds (surplus) .....	(58,413,426)	(31,108,082)
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 29 \$ ..... ) .....	0	0
36.2 ..... shares preferred (value included in Line 30 \$ ..... ) .....	0	0
37. Surplus (Total Lines 31+32+33+34+35-36) (including \$ ..... in Separate Accounts Statement) .....	407,239	7,712,583
38. Totals of Lines 29, 30 and 37 .....	1,907,239	9,212,583
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)	18,040,650	14,248,494
<b>DETAILS OF WRITE-INS</b>		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
3101. ....		
3102. ....		
3103. ....		
3198. Summary of remaining write-ins for Line 31 from overflow page .....	0	0
3199. Totals (Lines 3101 through 3103 plus 3198)(Line 31 above)	0	0
3401. ....		
3402. ....		
3403. ....		
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA  
INSURANCE COMPANY

**SUMMARY OF OPERATIONS**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts .....	46,593,485	2,889,926	8,118,775
2. Considerations for supplementary contracts with life contingencies.....	0	0	0
3. Net investment income .....	380,808	422,334	482,731
4. Amortization of Interest Maintenance Reserve (IMR) .....	2,717	3,441	4,585
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....	0	0	0
6. Commissions and expense allowances on reinsurance ceded .....	0	0	0
7. Reserve adjustments on reinsurance ceded .....	0	0	0
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....		0	0
8.2 Charges and fees for deposit-type contracts .....		0	0
8.3 Aggregate write-ins for miscellaneous income .....	0	0	0
9. Totals (Lines 1 to 8.3) .....	46,977,010	3,315,701	8,606,091
10. Death benefits .....	0	0	0
11. Matured endowments (excluding guaranteed annual pure endowments) .....	0	0	0
12. Annuity benefits .....	0	0	0
13. Disability benefits and benefits under accident and health contracts .....	44,339,978	2,158,964	6,572,899
14. Coupons, guaranteed annual pure endowments and similar benefits .....		0	0
15. Surrender benefits and withdrawals for life contracts .....	0	0	0
16. Group conversions .....		0	0
17. Interest and adjustments on contract or deposit-type contract funds .....	0	0	0
18. Payments on supplementary contracts with life contingencies .....	0	0	0
19. Increase in aggregate reserves for life and accident and health contracts .....	805,409	253,330	507,597
20. Totals (Lines 10 to 19) .....	45,145,387	2,412,294	7,080,496
21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) .....	10,603,721	782,731	2,183,053
22. Commissions and expense allowances on reinsurance assumed .....	0	0	0
23. General insurance expenses and fraternal expenses .....	9,863,125	1,917,524	5,156,898
24. Insurance taxes, licenses and fees, excluding federal income taxes .....	1,217,711	137,440	289,353
25. Increase in loading on deferred and uncollected premiums .....	101,833	32,220	61,550
26. Net transfers to or (from) Separate Accounts net of reinsurance .....		0	0
27. Aggregate write-ins for deductions .....	1,032	50	50
28. Totals (Lines 20 to 27) .....	66,932,809	5,282,259	14,771,400
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28) .....	(19,955,799)	(1,966,558)	(6,165,309)
30. Dividends to policyholders and refunds to members .....		0	0
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30) .....	(19,955,799)	(1,966,558)	(6,165,309)
32. Federal and foreign income taxes incurred (excluding tax on capital gains) .....	(1,188,785)	(483,139)	(1,223,042)
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) .....	(18,767,014)	(1,483,419)	(4,942,267)
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ 87 (excluding taxes of \$ 87 transferred to the IMR) .....	(87)	(1)	0
35. Net income (Line 33 plus Line 34) .....	(18,767,101)	(1,483,420)	(4,942,267)
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
36. Capital and surplus, December 31, prior year .....	9,212,583	13,167,533	13,167,533
37. Net income (Line 35) .....	(18,767,101)	(1,483,420)	(4,942,267)
38. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	0	0	0
39. Change in net unrealized foreign exchange capital gain (loss) .....	0	0	0
40. Change in net deferred income tax .....	0	0	0
41. Change in nonadmitted assets .....	(8,538,243)	(3,405,068)	(9,012,683)
42. Change in liability for reinsurance in unauthorized and certified companies .....	0	0	0
43. Change in reserve on account of change in valuation basis, (increase) or decrease .....	0	0	0
44. Change in asset valuation reserve .....		0	0
45. Change in treasury stock .....		0	0
46. Surplus (contributed to) withdrawn from Separate Accounts during period .....		0	0
47. Other changes in surplus in Separate Accounts Statement .....		0	0
48. Change in surplus notes .....		0	0
49. Cumulative effect of changes in accounting principles .....	0	0	0
50. Capital changes:			
50.1 Paid in .....		0	0
50.2 Transferred from surplus (Stock Dividend) .....		0	0
50.3 Transferred to surplus .....		0	0
51. Surplus adjustment:			
51.1 Paid in .....	20,000,000	0	10,000,000
51.2 Transferred to capital (Stock Dividend) .....		0	0
51.3 Transferred from capital .....		0	0
51.4 Change in surplus as a result of reinsurance .....		0	0
52. Dividends to stockholders .....		0	0
53. Aggregate write-ins for gains and losses in surplus .....	0	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53) .....	(7,305,344)	(4,888,488)	(3,954,950)
55. Capital and surplus, as of statement date (Lines 36 + 54) .....	1,907,239	8,279,045	9,212,583
<b>DETAILS OF WRITE-INS</b>			
08.301. Interest on Agent's Balances .....		0	0
08.302. Express Scripts Rebates .....		0	0
08.303. Other Miscellaneous Income .....		0	0
08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....	0	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above) .....	0	0	0
2701. Penalties .....	1,032	50	50
2702. Other Expenses .....			0
2703. .....			
2798. Summary of remaining write-ins for Line 27 from overflow page .....	0	0	0
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above) .....	1,032	50	50
5301. Other write-ins .....		0	0
5302. .....			
5303. .....			
5398. Summary of remaining write-ins for Line 53 from overflow page .....	0	0	0
5399. Totals (Lines 5301 through 5303 plus 5398) (Line 53 above) .....	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA  
INSURANCE COMPANY

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	46,453,020	3,221,740	9,200,755
2. Net investment income .....	319,722	419,652	482,411
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	46,772,742	3,641,392	9,683,166
5. Benefit and loss related payments .....	35,408,311	1,344,071	4,611,415
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	20,456,515	2,145,199	6,239,697
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	(1,588,911)	(114,006)	9,000
10. Total (Lines 5 through 9) .....	54,275,915	3,375,264	10,860,112
11. Net cash from operations (Line 4 minus Line 10) .....	(7,503,173)	266,128	(1,176,946)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	1,040,000	0	0
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 .....	(35)	31	28
12.7 Miscellaneous proceeds .....	14,510	216	216
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	1,054,475	247	244
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	912,623	0	0
13.2 Stocks .....	0	0	0
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) .....	912,623	0	0
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) .....	141,852	247	244
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	20,000,000	0	10,000,000
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) .....	(8,443,671)	(3,224,481)	(9,015,554)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	11,556,329	(3,224,481)	984,446
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	4,195,008	(2,958,106)	(192,256)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	10,210,739	10,402,995	10,402,995
19.2 End of period (Line 18 plus Line 19.1) .....	14,405,747	7,444,889	10,210,739

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

20.0001. .....	.....	.....	.....
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STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA  
INSURANCE COMPANY

**EXHIBIT 1**

**DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Individual life .....	0	0	0
2. Group life .....	0	0	0
3. Individual annuities .....	0	0	0
4. Group annuities .....	0	0	0
5. Accident & health .....	46,593,485	2,889,926	8,118,775
6. Fraternal .....	0	0	0
7. Other lines of business .....	0	0	0
8. Subtotal (Lines 1 through 7) .....	46,593,485	2,889,926	8,118,775
9. Deposit-type contracts .....	0	0	0
10. Total (Lines 8 and 9)	46,593,485	2,889,926	8,118,775

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA INSURANCE COMPANY  
**NOTES TO 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 Insurance Company, formerly Cigna Insurance Company, ("HIC" 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
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ (18,767,101)	\$ (4,942,267)
(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	\$ (18,767,101)	\$ (4,942,267)
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 1,907,239	\$ 9,212,583
(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	\$ 1,907,239	\$ 9,212,583

**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**

Cash equivalents, including money market mutual funds, are investments with original maturities of three months or less. Cash equivalents are principally stated at amortized cost, which approximate fair value. All money market mutual funds are stated at net asset value (NAV) as a practical expedient for the measurement of fair value. Short-term investments are those investments that, when purchased, have a maturity between three months and one year and are stated at amortized cost except for the short-term bonds with an NAIC 6 designation, which are carried at the lower of amortized cost or fair value. Bonds not backed by other loans are stated at amortized cost using the interest rate method, except for those bonds with an NAIC 6 designation, which are carried at the lower of amortized cost or fair value. Fair values are calculated based on the 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.

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

Loan-backed securities are carried at amortized cost, except for those loan-based securities with an initial NAIC 6 designation, which are carried at the lower of amortized cost or fair value. Prepayment assumptions are obtained from Mortgage Industry Advisor Corporation (MAIC), Mortgage Industry Medians (MIMs), Moody's Analytics, and Reuters and the prospective adjustment method is used. Once a loan-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.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

**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.

**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**

On May 30, 2025, and July 18, 2025, the Company received a \$6,000,000, and \$14,000,000 in capital contributions from Provident American Life and Health Insurance Company.

As a result of the sale of HIC 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.

**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.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

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

- B. Assessments - There were no material impacts to existing or new guaranty fund assessments for the nine 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**

Not applicable.

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

Not applicable.

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

- 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.

(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:

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

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	\$ —	\$ —	\$ —	\$ 2,147,388	\$ 2,147,388
Other Money Market Mutual Funds	\$ —	\$ —	\$ —	\$ 7,703,896	\$ 7,703,896
Total Assets at fair value	\$ —	\$ —	\$ —	\$ 9,851,285	\$ 9,851,285

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)
September 30, 2025							
Bonds	\$ 2,547,672	\$ 2,654,264		\$ 2,547,672	\$	\$	\$
Cash, Cash Equivalents, and Short-term Investments	\$ 10,405,747	\$ 10,405,747	\$ 4,554,462		\$	\$ 10,308,912	\$

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)
December 31, 2024							
Bonds	\$ 2,584,940	\$ 2,779,867	\$ 2,584,940	\$	\$	\$	\$
Cash, Cash Equivalents, and Short-term Investments	\$ 10,210,739	\$ 10,210,739	\$ 208,984	\$ 10,001,754	\$	\$	\$

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 received a \$10,000,000 capital contribution from 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.

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

A. Change in Incurred Losses and Loss Adjustment Expenses

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

Reserves as of December 31, 2024 were \$1,961,484. As of September 30, 2025, \$2,049,291 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$125,841 as a result of re-estimation of unpaid claims principally on Medicare Supplement. Therefore, there has been a \$213,647 unfavorable 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**

Not applicable.

**Note 30 – Premium Deficiency Reserves**

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable

**Note 35 – Separate Accounts**

Not applicable.

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

At December 31, 2024 and September 30, 2025, reserves for LAE totaled \$26,714 and \$148,390.

The Company incurred \$448,990 and paid \$327,304 of loss adjustment expenses in the current year of which \$18,943 of the paid amount was attributable to insured events of prior years.

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

## 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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA  
INSURANCE COMPANY

**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).  
 The company's Code of Business Ethics and Conduct is reviewed annually, typically during the fourth quarter of each year. Any amendments are approved by the Board of Directors and are distributed to all employees including senior management.

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

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 [ X ] 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 [ X ] 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 [ X ] 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 [ X ]

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 [ X ]

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 [ X ]

## GENERAL INTERROGATORIES

### PART 2 - LIFE AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES

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

1	Amount
1.1 Long-Term Mortgages In Good Standing	
1.11 Farm Mortgages .....	\$ .....
1.12 Residential Mortgages .....	\$ .....
1.13 Commercial Mortgages .....	\$ .....
1.14 Total Mortgages in Good Standing .....	\$ ..... 0
1.2 Long-Term Mortgages In Good Standing with Restructured Terms	
1.21 Total Mortgages in Good Standing with Restructured Terms.....	\$ .....
1.3 Long-Term Mortgage Loans Upon which Interest is Overdue more than Three Months	
1.31 Farm Mortgages .....	\$ .....
1.32 Residential Mortgages .....	\$ .....
1.33 Commercial Mortgages .....	\$ .....
1.34 Total Mortgages with Interest Overdue more than Three Months .....	\$ ..... 0
1.4 Long-Term Mortgage Loans in Process of Foreclosure	
1.41 Farm Mortgages .....	\$ .....
1.42 Residential Mortgages .....	\$ .....
1.43 Commercial Mortgages .....	\$ .....
1.44 Total Mortgages in Process of Foreclosure .....	\$ ..... 0
1.5 Total Mortgage Loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2) .....	\$ ..... 0
1.6 Long-Term Mortgages Foreclosed, Properties Transferred to Real Estate in Current Quarter	
1.61 Farm Mortgages .....	\$ .....
1.62 Residential Mortgages .....	\$ .....
1.63 Commercial Mortgages .....	\$ .....
1.64 Total Mortgages Foreclosed and Transferred to Real Estate .....	\$ ..... 0
2. Operating Percentages:	
2.1 A&H loss percent .....	96.865 %
2.2 A&H cost containment percent .....	0.028 %
2.3 A&H expense percent excluding cost containment expenses .....	47.388 %
3.1 Do you act as a custodian for health savings accounts? .....	Yes [ ] No [ X ]
3.2 If yes, please provide the amount of custodial funds held as of the reporting date .....	\$ .....
3.3 Do you act as an administrator for health savings accounts? .....	Yes [ ] No [ X ]
3.4 If yes, please provide the balance of the funds administered as of the reporting date .....	\$ .....
4. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? .....	Yes [ X ] No [ ]
4.1 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 [ ]

**Fraternal Benefit Societies Only:**

5.1	In all cases where the reporting entity has assumed accident and health risks from another company, provisions should be made in this statement on account of such reinsurances for reserve equal to that which the original company would have been required to establish had it retained the risks. Has this been done? .....	Yes [ ] No [ ] N/A [ ]
5.2	If no, explain: .....	
6.1	Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? .....	Yes [ ] No [ ]
6.2	If yes, what is the date(s) of the original lien and the total outstanding balance of liens that remain in surplus?	

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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA INSURANCE COMPANY

## **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

# None

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STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA  
INSURANCE COMPANY

**SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS**

Current Year To Date - Allocated by States and Territories

States, Etc.	Active Status (a)	Direct Business Only					
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 Through 5	7 Deposit-Type Contracts
		2 Life Insurance Premiums	3 Annuity Considerations				
1. Alabama .....	AL	L.	0	0	10,673	10,673	
2. Alaska .....	AK	N.	0	927		927	
3. Arizona .....	AZ	L.	0	3,207		3,207	
4. Arkansas .....	AR	N.	0	678		678	
5. California .....	CA	L.	0	1,310		1,310	
6. Colorado .....	CO	L.	0	4,764,111		4,764,111	
7. Connecticut .....	CT	N.	0	2,460		2,460	
8. Delaware .....	DE	L.	0	4,251		4,251	
9. District of Columbia .....	DC	L.	0	0		0	
10. Florida .....	FL	N.	0	40,248		40,248	
11. Georgia .....	GA	L.	0	5,238		5,238	
12. Hawaii .....	HI	N.	0	238		238	
13. Idaho .....	ID	L.	0	576		576	
14. Illinois .....	IL	L.	0	117		117	
15. Indiana .....	IN	L.	0	5,515,971		5,515,971	
16. Iowa .....	IA	N.	0	1,079		1,079	
17. Kansas .....	KS	L.	0	3,480,307		3,480,307	
18. Kentucky .....	KY	L.	0	1,714		1,714	
19. Louisiana .....	LA	L.	0	1,433,818		1,433,818	
20. Maine .....	ME	N.	0	1,276		1,276	
21. Maryland .....	MD	N.	0	4,518		4,518	
22. Massachusetts .....	MA	N.	0	1,999		1,999	
23. Michigan .....	MI	N.	0	3,408		3,408	
24. Minnesota .....	MN	N.	0	2,105		2,105	
25. Mississippi .....	MS	N.	0	1,988		1,988	
26. Missouri .....	MO	L.	0	9,110		9,110	
27. Montana .....	MT	L.	0	1,503		1,503	
28. Nebraska .....	NE	L.	0	1,714		1,714	
29. Nevada .....	NV	L.	0	653,384		653,384	
30. New Hampshire .....	NH	N.	0	2,424		2,424	
31. New Jersey .....	NJ	N.	0	12,180		12,180	
32. New Mexico .....	NM	N.	0	1,417		1,417	
33. New York .....	NY	N.	0	1,892		1,892	
34. North Carolina .....	NC	L.	0	55,843		55,843	
35. North Dakota .....	ND	L.	0	407		407	
36. Ohio .....	OH	L.	0	76,121		76,121	
37. Oklahoma .....	OK	L.	0	2,985		2,985	
38. Oregon .....	OR	L.	0	2,174		2,174	
39. Pennsylvania .....	PA	L.	0	19,091,577		19,091,577	
40. Rhode Island .....	RI	N.	0	0		0	
41. South Carolina .....	SC	N.	0	9,514		9,514	
42. South Dakota .....	SD	L.	0	3,309		3,309	
43. Tennessee .....	TN	L.	0	2,967,738		2,967,738	
44. Texas .....	TX	L.	0	8,265,448		8,265,448	
45. Utah .....	UT	L.	0	627		627	
46. Vermont .....	VT	N.	0	0		0	
47. Virginia .....	VA	N.	0	4,454		4,454	
48. Washington .....	WA	N.	0	3,075		3,075	
49. West Virginia .....	WV	L.	0	188		188	
50. Wisconsin .....	WI	N.	0	3,128		3,128	
51. Wyoming .....	WY	N.	0	590		590	
52. American Samoa .....	AS	N.	0	0		0	
53. Guam .....	GU	N.	0	0		0	
54. Puerto Rico .....	PR	N.	0	0		0	
55. U.S. Virgin Islands .....	VI	N.	0	0		0	
56. Northern Mariana Islands .....	MP	N.	0	0		0	
57. Canada .....	CAN	N.	0	0		0	
58. Aggregate Other Aliens .....	OT	XXX.	0	0	0	0	0
59. Subtotal .....		XXX.	0	46,453,021	0	46,453,021	0
90. Reporting entity contributions for employee benefits plans .....		XXX.	0	0	0	0	0
91. Dividends or refunds applied to purchase paid-up additions and annuities .....		XXX.	0	0	0	0	0
92. Dividends or refunds applied to shorten endowment or premium paying period .....		XXX.	0	0	0	0	0
93. Premium or annuity considerations waived under disability or other contract provisions .....		XXX.	0	0	0	0	0
94. Aggregate or other amounts not allocable by State .....		XXX.	0	0	0	0	0
95. Totals (Direct Business) .....		XXX.	0	46,453,021	0	46,453,021	0
96. Plus Reinsurance Assumed .....		XXX.	0	0	0	0	0
97. Totals (All Business) .....		XXX.	0	46,453,021	0	46,453,021	0
98. Less Reinsurance Ceded .....		XXX.	0	0	0	0	0
99. Totals (All Business) less Reinsurance Ceded .....		XXX.	0	46,453,021	0	46,453,021	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
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....		XXX	0	0	0	0	0
9401. ....		XXX.					
9402. ....		XXX.					
9403. ....		XXX.					
9498. Summary of remaining write-ins for Line 94 from overflow page .....		XXX.	0	0	0	0	0
9499. Totals (Lines 9401 through 9403 plus 9498)(Line 94 above) .....		XXX	0	0	0	0	0

(a) Active Status Counts:

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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA INSURANCE COMPANY

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. <sup>1</sup>		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 INSURANCE COMPANY, FORMERLY CIGNA 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%

<sup>1</sup>Includes 2.78% passive investment through private equity funds.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA INSURANCE COMPANY

**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	Domestic-ity Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	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	UDP	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 LIFE INSURANCE COMPANY DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	IL	DS	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	NY	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	36-3339483				DENTAL NETWORK OF AMERICA, LLC	DE	DS	DEARBORN LIFE INSURANCE COMPANY	Ownership	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	36-3339483				DENTEMAX, LLC	DE	DS	DENTAL NETWORK OF AMERICA, LLC	Board of Directors, Management	0.000	MUTUAL LEGAL RESERVE COMPANY	NO	0000001
		00000	38-2612298				DENTAL SOLUTIONS, INC.	MI	DS	DENTEMAX, LLC	Ownership, Board of Directors, Management	100.000	MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-1067299				HCSC PURCHASING, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	36-4186601				HCSC INSURANCE SERVICES COMPANY	IL	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	78611	73-1350270				PRIME THERAPEUTICS LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	39.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	26-0076803				AVAILITY, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	21.440	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	59-3715944				CAREALLIES, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	81-2760646				CAREALLIES ACCOUNTABLE CARE COLLABORATIVE, LLC	DE	DS	CAREALLIES, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	85-0954556				COLLECTIVEHEALTH, INC.	DE	DS	CAREALLIES, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	87-1813801				CAPITAL GROUP FOR BETTER HEALTH, LLC	DE	DS	CAREALLIES, INC.	Ownership	51.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	88-4112374				COLLECTIVEHEALTH, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	14.500	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	YES	
		00000	46-3985383				GHS INSURANCE COMPANY	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	29718	73-1507369				GHS GENERAL INSURANCE AGENCY, INC.	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	73-1514691				GHS HEALTH MAINTENANCE ORGANIZATION, INC. D/B/A BLUELINS HMO	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
.0917	HCSC GROUP	11814	73-1191843		0001367705		MEDECISION, INC.	PA	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	23-2530889		0001367705		CMH TECHNOLOGY SUBSIDIARY, LLC	DE	DS	MEDECISION, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	82-4418148				GSI HEALTH, LLC	PA	DS	MEDECISION, INC.	Ownership	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	80-0849331				HEALTH INTELLIGENCE COMPANY LLC D/B/A BLUE	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	10.600	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	27-4269034		0001508432		HEALTH INTELLIGENCE	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	30-0802612				INNOVISTA, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	40.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	83-3093990				ESSENTIAL HEALTH PARTNERS, LLC	IL	DS	INNOVISTA, LLC	Ownership, Board of Directors	49.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	83-4283301				GENOVISTA HEALTH, LLC	TX	DS	INNOVISTA, LLC	Ownership, Board of Directors	49.000	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	

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## STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA INSURANCE COMPANY

**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(es)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	99-4379181			INNOVISTA HEALTH PARTNERS, LLC .....	INNOVISTA, LLC .....	TX.....DS.....	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 .....	INNOVISTA, LLC .....	TX.....DS.....	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 .....	INNOVISTA, LLC .....	IL.....DS.....	INNOVISTA, LLC .....	Ownership, Board of Directors .....	13.300 .....	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY .....	NO .....	
		00000	47-5298764			SOLERA HEALTH, INC. .....	LEGAL RESERVE COMPANY .....	DE.....DS.....	LEGAL RESERVE COMPANY .....	Ownership, Board of Directors .....	28.750 .....	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY .....	YES .....	
		00000	86-0813402			TRIWEST ALLIANCE, INC. .....	HEALTH CARE SERVICE CORPORATION, A MUTUAL	DE.....DS.....	LEGAL RESERVE COMPANY .....	Ownership, Board of Directors .....	15.610 .....	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY .....	YES .....	
		00000	37-1789176			HCSC VENTURES, INC. .....	HEALTH CARE SERVICE CORPORATION, A MUTUAL	DE.....DS.....	HEALTH CARE SERVICE CORPORATION, A	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.....DS.....	HCSC VENTURES, INC. .....	Ownership, Board of Directors .....	23.180 .....	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY .....	NO .....	0000007 .....
		00000	46-3019902			AVALON HEALTH SERVICES, LLC D/B/A AVALON	HCSC VENTURES, INC. .....	DE.....DS.....	HCSC VENTURES, INC. .....	Ownership, Board of Directors .....	18.000 .....	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY .....	NO .....	
		00000	26-2930757		0001439779 ..	HEALTHCARE SOLUTIONS .....	HCSC VENTURES, INC. .....	DE.....DS.....	HCSC VENTURES, INC. .....	Ownership, Board of Directors .....	21.600 .....	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY .....	NO .....	
		00000	26-2936839		0001439778 ..	BLUECROSS BLUESHIELD VENTURES, INC. .....	HCSC VENTURES, INC. .....	DE.....DS.....	BLUECROSS BLUESHIELD VENTURES, INC. .....	Ownership, Management .....	1.000 .....	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY .....	NO .....	0000003 .....
		00000	26-2936839		0001439778 ..	BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P. .....	HCSC VENTURES, INC. .....	DE.....DS.....	BLUECROSS BLUESHIELD 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.....DS.....	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.....DS.....	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.....DS.....	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	DE.....DS.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL	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 .....	LEGAL RESERVE COMPANY .....	IL.....DS.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL	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 .....	LEGAL RESERVE COMPANY .....	NM.....DS.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL	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 .....	LEGAL RESERVE COMPANY .....	TX.....DS.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL	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	UT.....DS.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL	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. .....	LEGAL RESERVE COMPANY .....	DE.....DS.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL	Ownership, Board of Directors, Management .....	100.000 .....	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY .....	YES .....	
		00000	99-1184798			HCSC MEDICARE HOLDINGS INC. .....	LEGAL RESERVE COMPANY .....	DE.....DS.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL	Ownership, Board of Directors, Management .....	100.000 .....	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY .....	YES .....	
		00000	99-1194574			HCSC MEDICARE INC. .....	LEGAL RESERVE COMPANY .....	DE.....DS.....	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 .....	HCSC MEDICARE INC. .....	OH.....DS.....	HCSC MEDICARE INC. .....	Ownership, Management .....	100.000 .....	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY .....	NO .....	
0917	HCSC GROUP	95604	84-1004500			HEALTHSPRING HEALTHCARE OF COLORADO, INC. (FKA CIGNA HEALTHCARE OF COLORADO, INC.) .....	HCSC MEDICARE INC. .....	CO.....DS.....	HCSC MEDICARE INC. .....	Ownership, Board of Directors, Management .....	100.000 .....	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY .....	NO .....	
0917	HCSC GROUP	61727	34-0970995			HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY (FKA CIGNA NATIONAL HEALTH INSURANCE COMPANY) .....	HCSC MEDICARE INC. .....	OH.....UIP.....	HCSC MEDICARE INC. .....	Ownership, Board of Directors, Management .....	100.000 .....	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY .....	NO .....	
0917	HCSC GROUP	67903	23-1335885			PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY .....	CIGNA NATIONAL HEALTH INSURANCE COMPANY .....	OH.....UDP.....	CIGNA NATIONAL HEALTH INSURANCE COMPANY .....	Ownership, Board of Directors, Management .....	100.000 .....	HEALTH CARE SERVICE CORPORATION, A	MUTUAL LEGAL RESERVE COMPANY .....	NO .....	

## STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA INSURANCE 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 Percent- age	14 Ultimate Controlling Entity(es)/Person(s)	15 Is an SCA Filing Re- quired? (Yes/No)	16 *
0917	HCSC GROUP	65269	75-2305400			HEALTHSPRING INSURANCE COMPANY (FKA CIGNA INSURANCE COMPANY)		OH	RE	PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY	Ownership, Board of Directors, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-1821898			HEALTHSPRING, INC.		DE	DS	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0628370			NEWQUEST, LLC		TX	DS	HEALTHSPRING, INC.	Ownership, Board of Directors, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	12902	20-8534298			HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.		IL	DS	NEWQUEST, LLC	Ownership, Board of Directors, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-8647386			HEALTHSPRING MANAGEMENT OF AMERICA, LLC		DE	DS	NEWQUEST, LLC	Ownership, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	11532	65-1129599			HEALTHSPRING OF FLORIDA, INC.		FL	DS	NEWQUEST, LLC	Ownership, Board of Directors, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	72-1559530			HEALTHSPRING USA, LLC		TN	DS	NEWQUEST, LLC	Ownership, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	75-3108521			HOQUEST, LLC		DE	DS	NEWQUEST, LLC	Ownership, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0657035			GULFQUEST, LP		TX	DS	HOQUEST, LLC	Ownership, Management	.99.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	000003
		00000	52-1929677			NEWQUEST MANAGEMENT NORTHEAST, LLC		DE	DS	NEWQUEST, LLC	Ownership, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	11524	52-2363406			BRAVO HEALTH PENNSYLVANIA, INC.		PA	DS	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board of Directors, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	10095	52-2259087			BRAVO HEALTH MID-ATLANTIC, INC.		MD	DS	NEWQUEST MANAGEMENT NORTHEAST, LLC	Ownership, Board of Directors, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	33-1033586			NEWQUEST MANAGEMENT ALABAMA, LLC		AL	DS	NEWQUEST, LLC	Ownership, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-4954206			NEWQUEST MANAGEMENT OF FLORIDA, LLC		FL	DS	NEWQUEST, LLC	Ownership, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	77-0632665			NEWQUEST MANAGEMENT OF ILLINOIS, LLC		IL	DS	NEWQUEST, LLC	Ownership, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	20-5524622			TENNESSEE QUEST, LLC		TN	DS	NEWQUEST, LLC	Ownership, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	75-3108527			TEXQUEST, LLC		DE	DS	NEWQUEST, LLC	Ownership, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	76-0657035			GULFQUEST, LP		TX	DS	TEXQUEST, LLC	Ownership, Management	1.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	000003
0917	HCSC GROUP	65722	63-0343428			LOYAL AMERICAN LIFE INSURANCE COMPANY		OH	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	88366	59-2760189			AMERICAN RETIREMENT LIFE INSURANCE COMPANY		OH	IA	LOYAL AMERICAN LIFE INSURANCE COMPANY	Ownership, Board of Directors, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	34720	13-3506395			MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK		NY	DS	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	63762	42-1425239			MEDCO CONTAINMENT LIFE INSURANCE COMPANY		PA	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
0917	HCSC GROUP	77399	13-1867829			STERLING LIFE INSURANCE COMPANY		IL	IA	HCSC MEDICARE INC.	Ownership, Board of Directors, Management	100.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	
		00000	84-4777602			CIVICASCIPT, LLC		DE	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors	0.00	MUTUAL LEGAL RESERVE COMPANY	NO	000008
		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	0.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	000004
		00000	35-2613131			THE CARING FOUNDATION OF MONTANA, INC.		MT	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management	0.00	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	NO	000004

## STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA INSURANCE 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 Domi- niliary Loca- tion	10 Relation- ship to Report- ing 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- cen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (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
1 .....	Except in this case, Column 11 includes only those entities with an ownership interest in a corresponding downstream subsidiary (DS) listed in Column 8 .....
2 .....	Ownership (shell company) .....
3 .....	Reflect direct ownership percentages only .....
4 .....	Majority of the directors are employees or directors of HCSC .....
5 .....	6 of 10 directors are employees of HCSC, all officers are HCSC employees, and HCSC provides support and staffing .....
6 .....	All members and directors are current or former HCSC and affiliate employees and their families, and HCSC provides support .....
7 .....	Includes 2.78% passive investment through private equity funds. ....
8 .....	HCSC controls 1 of 10 board seats .....

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA  
INSURANCE COMPANY

## 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 Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....	NO
2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....	NO
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC? .....	NO
4. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC? .....	NO
5. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC? .....	NO
6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC? .....	NO
7. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC? .....	NO
8. Will the Life PBR Statement of Exemption be filed with the state of domicile by July 1st and electronically with the NAIC with the second quarterly filing per the Valuation Manual (by August 15)? (2nd Quarter Only) 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. In the case of an ongoing statement of exemption, enter "SEE EXPLANATION" and provide as an explanation that the company is utilizing an ongoing statement of exemption. .....	N/A

### AUGUST FILING

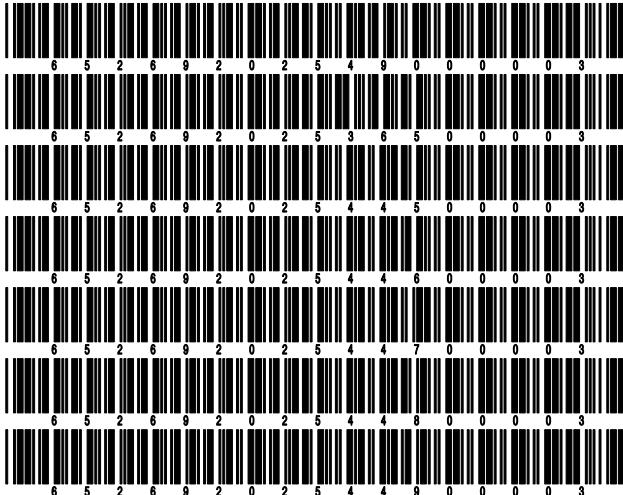
9. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting 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.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.
5. The data for this supplement is not required to be filed.
6. The data for this supplement is not required to be filed.
7. The data for this supplement is not required to be filed.

Bar Code:

1. Trusteed Surplus Statement [Document Identifier 490]
2. Medicare Part D Coverage Supplement [Document Identifier 365]
3. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]
4. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]
5. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]
6. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]
7. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]



**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA  
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 .....	2,779,870	2,779,595
2. Cost of bonds and stocks acquired .....	912,623	.....
3. Accrual of discount .....	2,001	587
4. Unrealized valuation increase/(decrease) .....	0	.....
5. Total gain (loss) on disposals .....	0	.....
6. Deduct consideration for bonds and stocks disposed of .....	1,040,000	.....
7. Deduct amortization of premium .....	228	312
8. Total foreign exchange change in book/adjusted carrying value .....	0	.....
9. Deduct current year's other than temporary impairment recognized .....	0	.....
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	0	.....
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	2,654,266	2,779,870
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12) .....	2,654,266	2,779,870

## STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA INSURANCE COMPANY

**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
<b>ISSUER CREDIT OBLIGATIONS (ICO)</b>								
1. NAIC 1 (a) .....	2,634,873	18,315	0	1,076	2,779,958	2,634,873	2,654,264	12,781,622
2. NAIC 2 (a) .....	0	0	0	0	0	0	0	0
3. NAIC 3 (a) .....	0	0	0	0	0	0	0	0
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	0
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	0
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	0
7. Total ICO .....	2,634,873	18,315	0	1,076	2,779,958	2,634,873	2,654,264	12,781,622
<b>ASSET-BACKED SECURITIES (ABS)</b>								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total ABS .....	0	0	0	0	0	0	0	0
<b>PREFERRED STOCK</b>								
15. NAIC 1 .....	0	0	0	0	0	0	0	0
16. NAIC 2 .....	0	0	0	0	0	0	0	0
17. NAIC 3 .....	0	0	0	0	0	0	0	0
18. NAIC 4 .....	0	0	0	0	0	0	0	0
19. NAIC 5 .....	0	0	0	0	0	0	0	0
20. NAIC 6 .....	0	0	0	0	0	0	0	0
21. Total Preferred Stock .....	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock .....	2,634,873	18,315	0	1,076	2,779,958	2,634,873	2,654,264	12,781,622

(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 \$ .....

SI02

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**

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA  
INSURANCE COMPANY

**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 .....	.. 10,001,755	10,349,437
2. Cost of cash equivalents acquired .....	151,532,259	151,032,861
3. Accrual of discount .....	89,894	444,072
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	(35)	28
6. Deduct consideration received on disposals .....	151,772,588	151,824,643
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) .....	9,851,285	10,001,755
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	9,851,285	10,001,755

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**

## STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA INSURANCE COMPANY

**SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
91282C-CV-1 .....	UNITED STATES TREASURY .....	06/06/2025 .....	Unknown .....	18,315	20,000	60	1.A .....	
0019999999. Subtotal - Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)				18,315	20,000	60	XXX	
0489999999. Total - Issuer Credit Obligations (Unaffiliated)				18,315	20,000	60	XXX	
0499999999. Total - Issuer Credit Obligations (Affiliated)				0	0	0	XXX	
0509999997. Total - Issuer Credit Obligations - Part 3				18,315	20,000	60	XXX	
0509999998. Total - Issuer Credit Obligations - Part 5				XXX	XXX	XXX	XXX	
0509999999. Total - Issuer Credit Obligations				18,315	20,000	60	XXX	
1889999999. Total - Asset-Backed Securities (Unaffiliated)				0	0	0	XXX	
1899999999. Total - Asset-Backed Securities (Affiliated)				0	0	0	XXX	
1909999997. Total - Asset-Backed Securities - Part 3				0	0	0	XXX	
1909999998. Total - Asset-Backed Securities - Part 5				XXX	XXX	XXX	XXX	
1909999999. Total - Asset-Backed Securities				0	0	0	XXX	
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities				18,315	20,000	60	XXX	
4509999997. Total - Preferred Stocks - Part 3				0	XXX	0	XXX	
4509999998. Total - Preferred Stocks - Part 5				XXX	XXX	XXX	XXX	
4509999999. Total - Preferred Stocks				0	XXX	0	XXX	
5989999997. Total - Common Stocks - Part 3				0	XXX	0	XXX	
5989999998. Total - Common Stocks - Part 5				XXX	XXX	XXX	XXX	
5989999999. Total - Common Stocks				0	XXX	0	XXX	
5999999999. Total - Preferred and Common Stocks				0	XXX	0	XXX	
6009999999 - Totals				18,315	XXX	60	XXX	

## STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA INSURANCE COMPANY

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consid- eration	7 Par Value	8 Actual Cost	9 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					15 Book/ Adjusted Carrying Value at Disposal Date	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Bond Interest/ Stock Dividends Received During Year	20 Stated Con- tractual Maturity Date	21 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Adminis- trative Symbol		
									10 Unrealized Valuation Increase/ (Decrease)	11 Current Year's (Amor- tization)/ Accretion	12 Current Year's Other Than Temporary Impairment Recogn- ized	13 Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	14 Total Foreign Exchange Change in Book/ Adjusted Carrying Value									
.91282C-EU-1	UNITED STATES TREASURY	06/15/2025	Maturity @ 100.00	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	216	06/15/2025	1.A .....	
0019999999. Subtotal - Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)				0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	216	XXX	XXX	
0489999999. Total - Issuer Credit Obligations (Unaffiliated)				0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	216	XXX	XXX	
0499999999. Total - Issuer Credit Obligations (Affiliated)				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
0509999997. Total - Issuer Credit Obligations - Part 4				0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	216	XXX	XXX	
0509999998. Total - Issuer Credit Obligations - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0509999999. Total - Issuer Credit Obligations				0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	216	XXX	XXX	
1889999999. Total - Asset-Backed Securities (Unaffiliated)				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
1899999999. Total - Asset-Backed Securities (Affiliated)				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
1909999997. Total - Asset-Backed Securities - Part 4				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
1909999998. Total - Asset-Backed Securities - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1909999999. Total - Asset-Backed Securities				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities				0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	216	XXX	XXX	
4509999997. Total - Preferred Stocks - Part 4				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
4509999998. Total - Preferred Stocks - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4509999999. Total - Preferred Stocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
5989999997. Total - Common Stocks - Part 4				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
5989999998. Total - Common Stocks - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5989999999. Total - Common Stocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
5999999999. Total - Preferred and Common Stocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
6009999999 - Totals				0	XXX	0	4	0	0	0	0	0	0	0	0	0	0	0	0	216	XXX	XXX

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**

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA  
INSURANCE COMPANY

**SCHEDULE E - PART 1 - CASH**

### Month End Depository Balances

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	936,630	(4,503,326)	384,619	..XXX
Austin, TX/San Antonio, TX								
JPMorgan Chase--Depository ... .....		0.000	0	0	1,021,482	631,512	4,169,843	..XXX
Northern Trust ..... Chicago, IL .....		0.000	0	0	272	272	0	..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	1,958,384	(3,871,542)	4,554,462	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	1,958,384	(3,871,542)	4,554,462	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
.....								
.....								
.....								
.....								
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX	0	0	1,958,384	(3,871,542)	4,554,462	XXX

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HEALTHSPRING INSURANCE COMPANY, FORMERLY CIGNA 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	0
0499999999. Total - Issuer Credit Obligations (Affiliated)						0	0	0
0509999999. Total - Issuer Credit Obligations						0	0	0
09248U-71-8 .....	BLKRK LOC-T-FUND INSTL .....		09/30/2025 .....	.3.980 .....	1,026,967 .....	7,298 .....	3,001 .....	
4812C2-23-9 .....	JPMORGAN:US TRS-MM CAP .....		09/30/2025 .....	.3.980 .....	1,018,499 .....	3,408 .....	15,091 .....	
665279-80-8 .....	NORTHERN INST:TREAS SH .....		09/30/2025 .....	.3.980 .....	101,923 .....	341 .....	1,582 .....	
8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO					2,147,388 .....	11,046 .....	19,674 .....	
31846V-33-6 .....	FIRST AMER:GVT OBLG X .....		09/30/2025 .....	.4.020 .....	1,018,817 .....	3,464 .....	15,353 .....	
665278-40-4 .....	NORTHERN INST:US GVT SHS .....		09/02/2025 .....	.3.920 .....	6,685,079 .....	37,806 .....	34,762 .....	
8309999999. Subtotal - All Other Money Market Mutual Funds					7,703,896 .....	41,270 .....	50,115 .....	
8589999999. Total Cash Equivalents (Unaffiliated)					9,851,285 .....	52,316 .....	69,789 .....	
8599999999. Total Cash Equivalents (Affiliated)					0 .....	0 .....	0 .....	
8609999999 - Total Cash Equivalents					9,851,285 .....	52,316 .....	69,789 .....	