



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

HealthSpring Life & Health Insurance Company, Inc.

NAIC Group Code 0901 0901 NAIC Company Code 12902 Employer's ID Number 20-8534298
(Current) (Prior)

Organized under the Laws of Texas, State of Domicile or Port of Entry TX

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

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

Incorporated/Organized 02/27/2007 Commenced Business 02/27/2007

Statutory Home Office 2900 North Loop West, Suite 1300, Houston, TX, US 77092
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 530 Great Circle Road
(Street and Number)
Nashville, TN, US 37228, 615-291-7000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 530 Great Circle Road, Nashville, TN, US 37228
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 530 Great Circle Road
(Street and Number)
Nashville, TN, US 37228, 615-291-7000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.cignahealthspring.com

Statutory Statement Contact Connie Schmidt Ansley, 615-564-3480
(Name) (Area Code) (Telephone Number)
regulatory@healthspring.com, 615-401-4566
(E-mail Address) (FAX Number)

OFFICERS

President & Chief Executive Officer Matthew Shawn Morris Vice President Brent Jason Sanders
Chief Financial Officer Ryan Bruce McGroarty Corporate Medical Director Dirk Oliver Wales MD

OTHER

Sheffield Hoover Young, Divisional President Jay Landon Hurt, Divisional President Kristinn Klunkert Benton, Vice President
Allen Curtis Perez, Vice President Richard Alan Appel, Compliance Officer Gregory Nicholas Malone, Appointed Actuary
Scott Ronald Lambert, Vice President & Treasurer Maureen Hardiman Ryan, Vice President & Assistant Treasurer Jumana Nadeem Siddiqui, Assistant Treasurer
Rhiannon Ashley Bernier, Assistant Secretary Anna Krishtul, Corporate Secretary

DIRECTORS OR TRUSTEES

Jay Landon Hurt Brent Jason Sanders Ryan Bruce McGroarty
Sheffield Hoover Young Nathan Allen #

State of Tennessee SS:
County of _____

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.

Matthew Shawn Morris
President and Chief Executive Officer

Ryan Bruce McGroarty
Chief Financial Officer

Brent Jason Sanders
Vice President

Subscribed and sworn to before me this _____ day of February, 2018

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

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	16,177,874	71,540,839		17,136,675	16,177,874	16,737,311
2. Claim overpayment receivables	2,649,148	13,385,229		846,037	2,649,148	9,006,800
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables	63,331			45,078	63,331	63,331
5. Risk sharing receivables	3,661,676	8,439,884		2,247,327	3,661,676	1,699,168
6. Other health care receivables.....	7,390,537	13,795,332	2,099,793	4,385,498	9,490,330	4,465,484
7. Totals (Lines 1 through 6)	29,942,566	107,161,284	2,099,793	24,660,615	32,042,359	31,972,094

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
HealthSpring Management of America, LLC	Management Fee	20,093,916	20,093,916	
HealthSpring Management of America, LLC	QI & PES Fees	6,698,024	6,698,024	
Cigna Life Insurance Company	Part D rebates	18,151,713	18,151,713	
HealthSpring of Tennessee, Inc.	Part D rebates	9,751,184	9,751,184	
HealthSpring of Alabama, Inc.	Part D rebates	5,437,688	5,437,688	
Bravo Health Pennsylvania, Inc.	Part D rebates	5,370,486	5,370,486	
HealthSpring of Florida, Inc.	Part D rebates	2,865,856	2,865,856	
Cigna Healthcare of Georgia	Part D rebates	2,295,698	2,295,698	
Bravo Health Mid-Atlantic, Inc.	Part D rebates	1,630,254	1,630,254	
Cigna Healthcare of S Carolina	Part D rebates	497,710	497,710	
Cigna Healthcare of N Carolina	Part D rebates	466,443	466,443	
Cigna Healthcare of St. Louis	Part D rebates	62,487	62,487	
0199999. Individually listed payables		73,321,459	73,321,459	0
0299999. Payables not individually listed		11,268,024	11,268,024	
0399999 Total gross payables		84,589,483	84,589,483	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.
EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	440,913,947	24.0	91,080	61.5		440,913,947
2. Intermediaries	38,025,648	2.1	40,198	27.2	172,428	37,853,220
3. All other providers	0	0.0		0.0		
4. Total capitation payments	478,939,595	26.1	131,278	88.7	172,428	478,767,167
Other Payments:						
5. Fee-for-service	1,372,179,282	74.7	XXX	XXX		1,372,179,282
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	(14,583,573)	(0.8)	XXX	XXX		(14,583,573)
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	(35,128)	0.0	XXX	XXX		(35,128)
12. Total other payments	1,357,560,581	73.9	XXX	XXX	0	1,357,560,581
13. TOTAL (Line 4 plus Line 12)	1,836,500,176	100%	XXX	XXX	172,428	1,836,327,748

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	DentaQuest	17,139,215	1,428,268		
	Convey Health	8,165,103	680,425		
	Block Vision	5,845,391	487,116		
	Access2Care	4,380,495	365,041		
	American Specialty Health Fitness	2,024,009	168,667		
	MedSolutions	135,266	11,272		
	Delta Dental	126,026	10,502		
	Cigna Health Management	97,322	8,110		
	Cigna Behavioral Health	75,106	6,259		
	Hearing Care Solutions	65,483	5,457		
	Inpatient Medical Svcs	49,050	4,088		
	Guardian Home Health	(76,818)	(6,402)		
9999999 Totals		38,025,648	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	Alabama		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(7,779)									(7,779)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	33,809									33,809	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(1,514)									(1,514)	
18. Amount Incurred for Provision of Health Care Services	(47,364)									(47,364)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(7,779)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Alaska		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1.	Prior Year	0										
2.	First Quarter	0										
3.	Second Quarter	0										
4.	Third Quarter	0										
5.	Current Year	0										
6.	Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0		
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	(1,440)								(1,440)		
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	6,259								6,259		
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	(280)								(280)		
18.	Amount Incurred for Provision of Health Care Services	(8,769)								(8,769)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(1,440)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Arizona		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(3,292)									(3,292)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	14,305									14,305		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(640)									(640)		
18. Amount Incurred for Provision of Health Care Services	(20,041)									(20,041)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(3,292)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)		
		Arkansas		2017							NAIC Company Code		12902
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
	1	2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:													
1. Prior Year	1,474							1,474					
2. First Quarter	1,014							1,014					
3. Second Quarter	985							985					
4. Third Quarter	965							965					
5. Current Year	913							913					
6. Current Year Member Months	11,788							11,788					
Total Member Ambulatory Encounters for Year:													
7. Physician	17,072							17,072					
8. Non-Physician	14,699							14,699					
9. Total	31,771	0	0	0	0	0	0	31,771	0	0			
10. Hospital Patient Days Incurred	1,408							1,408					
11. Number of Inpatient Admissions	216							216					
12. Health Premiums Written (b)	8,633,590							8,635,817		(2,227)			
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	9,154,746							9,145,066		9,680			
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	7,296,651							7,297,084		(433)			
18. Amount Incurred for Provision of Health Care Services	6,425,519							6,439,080		(13,561)			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$8,633,590

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		California		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(5,640)									(5,640)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	24,511									24,511		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(1,097)									(1,097)		
18. Amount Incurred for Provision of Health Care Services	(34,338)									(34,338)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(5,640)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	Colorado		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(537)									(537)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	2,333									2,333	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(104)									(104)	
18. Amount Incurred for Provision of Health Care Services	(3,268)									(3,268)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(537)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Connecticut		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(562)									(562)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	2,442									2,442		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(109)									(109)		
18. Amount Incurred for Provision of Health Care Services	(3,421)									(3,421)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(562)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	Delaware		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(908)									(908)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	3,944									3,944	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(177)									(177)	
18. Amount Incurred for Provision of Health Care Services	(5,526)									(5,526)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(908)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	District of Columbia		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(1,224)									(1,224)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	5,319									5,319	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(238)									(238)	
18. Amount Incurred for Provision of Health Care Services	(7,452)									(7,452)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(1,224)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Florida		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(607)									(607)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	2,637									2,637		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(118)									(118)		
18. Amount Incurred for Provision of Health Care Services	(3,694)									(3,694)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(607)

30.FL



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Georgia		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	2,536							2,536				
2. First Quarter	2,369							2,369				
3. Second Quarter	2,309							2,309				
4. Third Quarter	2,338							2,338				
5. Current Year	2,392							2,392				
6. Current Year Member Months	28,232							28,232				
Total Member Ambulatory Encounters for Year:												
7. Physician	47,447							47,447				
8. Non-Physician	8,208							8,208				
9. Total	55,655	0	0	0	0	0	0	55,655	0	0		
10. Hospital Patient Days Incurred	5,783							5,783				
11. Number of Inpatient Admissions	772							772				
12. Health Premiums Written (b)	24,783,648							24,784,613		(965)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	24,678,707							24,674,514		4,193		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	22,299,190							22,299,378		(188)		
18. Amount Incurred for Provision of Health Care Services	22,598,131							22,604,005		(5,874)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$24,783,648

30.GA



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Hawaii		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(1,084)									(1,084)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	4,709									4,709		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(211)									(211)		
18. Amount Incurred for Provision of Health Care Services	(6,597)									(6,597)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(1,084)

30.HI



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Idaho		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(2,094)									(2,094)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	9,100									9,100		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(407)									(407)		
18. Amount Incurred for Provision of Health Care Services	(12,748)									(12,748)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(2,094)

30.ID



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	Illinois		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	NAIC Company Code		12902
			2 Individual	3 Group					8 Title XVIII Medicare	9 Title XIX Medicaid	
		1 Total									
Total Members at end of:											
1.	Prior Year	0									
2.	First Quarter	0									
3.	Second Quarter	0									
4.	Third Quarter	0									
5.	Current Year	0									
6.	Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:											
7.	Physician	0									
8.	Non-Physician	0									
9.	Total	0	0	0	0	0	0	0	0	0	0
10.	Hospital Patient Days Incurred	0									
11.	Number of Inpatient Admissions	0									
12.	Health Premiums Written (b)	(26,802)									(26,802)
13.	Life Premiums Direct	0									
14.	Property/Casualty Premiums Written	0									
15.	Health Premiums Earned	116,480									116,480
16.	Property/Casualty Premiums Earned	0									
17.	Amount Paid for Provision of Health Care Services	(5,215)									(5,215)
18.	Amount Incurred for Provision of Health Care Services	(163,180)									(163,180)

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(26,802)

30.LL



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR						(LOCATION)	
		Indiana		2017						NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(1,187)									(1,187)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	5,159									5,159	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(231)									(231)	
18. Amount Incurred for Provision of Health Care Services	(7,227)									(7,227)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(1,187)



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Iowa		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(394)									(394)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	1,711									1,711		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(77)									(77)		
18. Amount Incurred for Provision of Health Care Services	(2,397)									(2,397)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(394)

30.1A



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Kansas		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(646)									(646)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	2,806									2,806		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(126)									(126)		
18. Amount Incurred for Provision of Health Care Services	(3,931)									(3,931)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(646)

30 KS



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Kentucky		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1.	Prior Year	0										
2.	First Quarter	0										
3.	Second Quarter	0										
4.	Third Quarter	0										
5.	Current Year	0										
6.	Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0		
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	(921)								(921)		
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	4,002								4,002		
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	(179)								(179)		
18.	Amount Incurred for Provision of Health Care Services	(5,607)								(5,607)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(921)

30.KY



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Louisiana		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(7,284)									(7,284)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	31,655									31,655		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(1,417)									(1,417)		
18. Amount Incurred for Provision of Health Care Services	(44,346)									(44,346)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(7,284)

30.LA



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Maine		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(198)									(198)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	859									859		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(38)									(38)		
18. Amount Incurred for Provision of Health Care Services	(1,204)									(1,204)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(198)

30 ME



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Maryland		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(5,031)									(5,031)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	21,866									21,866		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(979)									(979)		
18. Amount Incurred for Provision of Health Care Services	(30,632)									(30,632)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(5,031)

30.MD



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Massachusetts		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(1,206)									(1,206)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	5,241									5,241		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(235)									(235)		
18. Amount Incurred for Provision of Health Care Services	(7,343)									(7,343)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(1,206)

30.MA



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Michigan		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(2,861)									(2,861)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	12,435									12,435		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(557)									(557)		
18. Amount Incurred for Provision of Health Care Services	(17,421)									(17,421)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(2,861)



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Minnesota		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(530)									(530)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	2,305									2,305		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(103)									(103)		
18. Amount Incurred for Provision of Health Care Services	(3,229)									(3,229)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(530)

30 MN



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	Mississippi		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(6,495)									(6,495)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	28,227									28,227	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(1,264)									(1,264)	
18. Amount Incurred for Provision of Health Care Services	(39,544)									(39,544)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(6,495)

30 MS



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	Missouri		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
			2 Individual	3 Group							
		1 Total									
Total Members at end of:											
1.	Prior Year	0									
2.	First Quarter	0									
3.	Second Quarter	0									
4.	Third Quarter	0									
5.	Current Year	0									
6.	Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:											
7.	Physician	0									
8.	Non-Physician	0									
9.	Total	0	0	0	0	0	0	0	0	0	0
10.	Hospital Patient Days Incurred	0									
11.	Number of Inpatient Admissions	0									
12.	Health Premiums Written (b)	(896)									(896)
13.	Life Premiums Direct	0									
14.	Property/Casualty Premiums Written	0									
15.	Health Premiums Earned	3,893									3,893
16.	Property/Casualty Premiums Earned	0									
17.	Amount Paid for Provision of Health Care Services	(174)									(174)
18.	Amount Incurred for Provision of Health Care Services	(5,454)									(5,454)

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(896)

30.MO



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Montana		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(167)									(167)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	728									728		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(33)									(33)		
18. Amount Incurred for Provision of Health Care Services	(1,019)									(1,019)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(167)

30.MT



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Nebraska		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(207)									(207)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	898									898		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(40)									(40)		
18. Amount Incurred for Provision of Health Care Services	(1,259)									(1,259)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(207)

30.NE



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Nevada		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(698)									(698)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	3,035									3,035		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(136)									(136)		
18. Amount Incurred for Provision of Health Care Services	(4,252)									(4,252)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(698)

30 NV



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		New Hampshire		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(154)									(154)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	668									668		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(30)									(30)		
18. Amount Incurred for Provision of Health Care Services	(936)									(936)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(154)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		New Jersey		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(602)									(602)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	2,618									2,618		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(117)									(117)		
18. Amount Incurred for Provision of Health Care Services	(3,667)									(3,667)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(602)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		New Mexico		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(112)									(112)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	485									485		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(22)									(22)		
18. Amount Incurred for Provision of Health Care Services	(679)									(679)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(112)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	New York		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(25,198)									(25,198)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	109,510									109,510	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(4,903)									(4,903)	
18. Amount Incurred for Provision of Health Care Services	(153,415)									(153,415)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(25,198)

30.NY



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		North Carolina		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	1	2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(689)									(689)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	2,994									2,994		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(134)									(134)		
18. Amount Incurred for Provision of Health Care Services	(4,194)									(4,194)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(689)

30.NC



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	North Dakota		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(111)									(111)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	483									483	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(22)									(22)	
18. Amount Incurred for Provision of Health Care Services	(677)									(677)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(111)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Ohio		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(1,084)									(1,084)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	4,711									4,711		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(211)									(211)		
18. Amount Incurred for Provision of Health Care Services	(6,600)									(6,600)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(1,084)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	Oklahoma		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(1,157)									(1,157)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	5,030									5,030	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(225)									(225)	
18. Amount Incurred for Provision of Health Care Services	(7,047)									(7,047)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(1,157)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Oregon		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(4,070)									(4,070)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	17,686									17,686		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(792)									(792)		
18. Amount Incurred for Provision of Health Care Services	(24,777)									(24,777)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(4,070)

30. OR



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	Pennsylvania		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(6,512)									(6,512)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	28,300									28,300	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(1,267)									(1,267)	
18. Amount Incurred for Provision of Health Care Services	(39,647)									(39,647)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(6,512)



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR						(LOCATION)	
		Rhode Island		2017						NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(165)									(165)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	719									719	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(32)									(32)	
18. Amount Incurred for Provision of Health Care Services	(1,007)									(1,007)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(165)

30.RI



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		South Carolina		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(979)									(979)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	4,253									4,253		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(190)									(190)		
18. Amount Incurred for Provision of Health Care Services	(5,958)									(5,958)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(979)

30.SC



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	South Dakota		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(113)									(113)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	491									491	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(22)									(22)	
18. Amount Incurred for Provision of Health Care Services	(689)									(689)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(113)

30.SD



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Tennessee		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(10,522)									(10,522)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	45,730									45,730		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(2,047)									(2,047)		
18. Amount Incurred for Provision of Health Care Services	(64,065)									(64,065)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(10,522)

30.TN



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)		
		Texas		2017							NAIC Company Code		12902
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
		Individual	Group										
Total Members at end of:													
1. Prior Year	157,985							106,343	51,642				
2. First Quarter	144,600							93,256	51,344				
3. Second Quarter	142,111							90,796	51,315				
4. Third Quarter	142,834							91,069	51,765				
5. Current Year	144,739							93,021	51,718				
6. Current Year Member Months	1,723,647							1,105,596	618,051				
Total Member Ambulatory Encounters for Year:													
7. Physician	5,958,753							1,985,767	3,972,986				
8. Non-Physician	2,246,970							1,499,391	747,579				
9. Total	8,205,723	0	0	0	0	0	0	3,485,158	4,720,565	0			
10. Hospital Patient Days Incurred	144,694							113,378	31,316				
11. Number of Inpatient Admissions	24,006							18,136	5,870				
12. Health Premiums Written (b)	2,056,639,911							1,179,956,411	876,713,977	(30,477)			
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	2,052,305,333							1,184,128,704	868,044,158	132,471			
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	1,806,932,911							1,007,345,477	799,593,365	(5,931)			
18. Amount Incurred for Provision of Health Care Services	1,789,257,049							995,270,117	794,172,508	(185,576)			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,179,925,934

30.TX



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Utah		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1.	Prior Year	0										
2.	First Quarter	0										
3.	Second Quarter	0										
4.	Third Quarter	0										
5.	Current Year	0										
6.	Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	0										
9.	Total	0	0	0	0	0	0	0	0	0		
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	(1,738)								(1,738)		
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	7,551								7,551		
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	(338)								(338)		
18.	Amount Incurred for Provision of Health Care Services	(10,579)								(10,579)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(1,738)

30.UT



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Vermont		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(139)									(139)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	605									605		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(27)									(27)		
18. Amount Incurred for Provision of Health Care Services	(847)									(847)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(139)



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Virginia		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(1,034)									(1,034)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	4,493									4,493		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(201)									(201)		
18. Amount Incurred for Provision of Health Care Services	(6,294)									(6,294)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(1,034)



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	Washington		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(8,969)									(8,969)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	38,978									38,978	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(1,745)									(1,745)	
18. Amount Incurred for Provision of Health Care Services	(54,605)									(54,605)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(8,969)

30.WA



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	West Virginia		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(1,859)									(1,859)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	8,081									8,081	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(362)									(362)	
18. Amount Incurred for Provision of Health Care Services	(11,320)									(11,320)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(1,859)

30 MW



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	Wisconsin		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	(913)									(913)	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	3,970									3,970	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	(178)									(178)	
18. Amount Incurred for Provision of Health Care Services	(5,561)									(5,561)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(913)

30.W1



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Wyoming		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	(63)									(63)		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	272									272		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(12)									(12)		
18. Amount Incurred for Provision of Health Care Services	(381)									(381)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(63)

30.WY



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthSpring Life & Health Insurance Company, Inc.

2. Houston, TX

NAIC Group Code	0901	BUSINESS IN THE STATE OF	(LOCATION)										
			Grand Total		DURING THE YEAR					2017		NAIC Company Code	12902
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:													
1. Prior Year	161,995	0	0	0	0	0	0	110,353	51,642	0			
2. First Quarter	147,983	0	0	0	0	0	0	96,639	51,344	0			
3. Second Quarter	145,405	0	0	0	0	0	0	94,090	51,315	0			
4. Third Quarter	146,137	0	0	0	0	0	0	94,372	51,765	0			
5. Current Year	148,044	0	0	0	0	0	0	96,326	51,718	0			
6. Current Year Member Months	1,763,667	0	0	0	0	0	0	1,145,616	618,051	0			
Total Member Ambulatory Encounters for Year:													
7. Physician	6,023,272	0	0	0	0	0	0	2,050,286	3,972,986	0			
8. Non-Physician	2,269,877	0	0	0	0	0	0	1,522,298	747,579	0			
9. Total	8,293,149	0	0	0	0	0	0	3,572,584	4,720,565	0			
10. Hospital Patient Days Incurred	151,885	0	0	0	0	0	0	120,569	31,316	0			
11. Number of Inpatient Admissions	24,994	0	0	0	0	0	0	19,124	5,870	0			
12. Health Premiums Written (b)	2,089,910,276	0	0	0	0	0	0	1,213,376,841	876,713,977	(180,542)			
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned	2,086,777,082	0	0	0	0	0	0	1,217,948,284	868,044,158	784,640			
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services	1,836,500,176	0	0	0	0	0	0	1,036,941,939	799,593,365	(35,128)			
18. Amount Incurred for Provision of Health Care Services	1,817,386,491	0	0	0	0	0	0	1,024,313,202	794,172,508	(1,099,219)			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,213,196,299

30.GT

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

Schedule S - Part 6

NONE

Schedule S - Part 7

NONE

**SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y
PART 1A - DETAIL 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	Domiciliary 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? (Y/N)	*
.0901	Cigna Group		06-1059331	1591167	0000701221	US	Cigna Corporation	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1072796	1591167	0000701221		Cigna Holdings, Inc.	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		51-0402128	1591167	0000701221		Cigna Intellectual Property, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1095823	1591167	0000701221		Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		52-0291385	1591167	0000701221		Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-1914061	1591167	0000701221		Former Cigna Investments, Inc	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-0861092	1591167	0000701221		Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		01-0947889	1591167	0000701221		Cigna Benefits Financing, Inc.	DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-0840391	1591167	0000701221		Connecticut General Corporation	CT	UIP	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		81-0585518	1591167	0000701221		Benefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	12814	20-4433475	1591167	0000701221		Allegiance Life & Health Insurance Company	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-3851464	1591167	0000701221		Allegiance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		81-0400550	1591167	0000701221		Allegiance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		71-0916514	1591167	0000701221		Allegiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Community Health Network, LLC	MT	NIA	Benefit Management Corp.	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		81-0425785	1591167	0000701221		Intermountain Underwriters, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Star Point, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-1821898	1591167	0000701221		HealthSpring, Inc.	DE	UIP	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		76-0628370	1591167	0000701221		NewQuest, LLC	TX	UDP	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		52-1929677	1591167	0000701221		NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	10095	52-2259087	1591167	0000701221		Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	11254	52-2363406	1591167	0000701221		Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group			1591167	0000701221		HealthSpring Life & Health Insurance Company, Inc.	TX	RE	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	12902	20-8534298	1591167	0000701221		HealthSpring of Alabama, Inc.	AL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95781	63-0925225	1591167	0000701221		HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	11532	65-1129599	1591167	0000701221		NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		77-0632665	1591167	0000701221		NewQuest Management of Florida, LLC	FL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-4954206	1591167	0000701221		HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-8647386	1591167	0000701221		NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		45-0633893	1591167	0000701221		TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		75-3108527	1591167	0000701221		HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		75-3108521	1591167	0000701221		GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		76-0657035	1591167	0000701221		NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		33-1033586	1591167	0000701221		HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		72-1559530	1591167	0000701221		HealthSpring Management, Inc.	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		62-1540621	1591167	0000701221		HealthSpring of Tennessee, Inc.	TN	IA	HealthSpring Management, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	11522	62-1593150	1591167	0000701221		Tennessee Quest, LLC	TN	NIA	HealthSpring Management, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-5524622	1591167	0000701221		HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		26-2353476	1591167	0000701221		HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		26-2353772	1591167	0000701221		Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-4266628	1591167	0000701221		Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		35-2562415	1591167	0000701221		Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	13733	03-0452349	1591167	0000701221		Cigna Behavioral Health, Inc.	MN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		41-1648670	1591167	0000701221		Cigna Behavioral Health of California, Inc.	CA	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		94-3107309	1591167	0000701221		Cigna Behavioral Health of Texas, Inc.	TX	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		75-2751090	1591167	0000701221		MCC Independent Practice Association of New York, Inc.	NY	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1346406	1591167	0000701221		Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		59-2308055	1591167	0000701221		Cigna Dental Health Of California, Inc.	CA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		59-2600475	1591167	0000701221		Cigna Dental Health Of Colorado, Inc.	CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	11175	59-2675861	1591167	0000701221		Cigna Dental Health Of Delaware, Inc.	DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95380	59-2676987	1591167	0000701221		Cigna Dental Health Of Florida, Inc.	FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	52021	59-1611217	1591167	0000701221						Ownership	100.000	Cigna Corporation	.N	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 1A - DETAIL 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	Domiciliary 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? (Y/N)	*
.0901	Cigna Group		06-1351097	1591167	0000701221		Cigna Dental Health of Illinois, Inc.	IL	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	52024	59-2625350	1591167	0000701221		Cigna Dental Health Of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		52108	1591167	0000701221		Cigna Dental Health Of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	11160	06-1582068	1591167	0000701221		Cigna Dental Health Of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	11167	59-2308062	1591167	0000701221		Cigna Dental Health Of New Jersey, Inc.	NJ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95179	56-1803464	1591167	0000701221		Cigna Dental Health Of North Carolina, Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	47805	59-2579774	1591167	0000701221		Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	47041	52-1220578	1591167	0000701221		Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95037	59-2676977	1591167	0000701221		Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	52617	52-2188914	1591167	0000701221		Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	47013	86-0807222	1591167	0000701221		Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	48119	59-2740468	1591167	0000701221		Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		62-1312478	1591167	0000701221		Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		02-0387748	1591167	0000701221		Healthsource, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95125	86-0334392	1591167	0000701221		Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		95-3310115	1591167	0000701221		Cigna HealthCare of California, Inc.	CA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95604	84-1004500	1591167	0000701221		Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95660	06-1141174	1591167	0000701221		Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95136	59-2089259	1591167	0000701221		Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95602	36-3385638	1591167	0000701221		Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		01-0418220	1591167	0000701221		Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		02-0402111	1591167	0000701221		Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		52-1404350	1591167	0000701221		Cigna HealthCare Mid-Atlantic, Inc.	MD	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95493	02-0387749	1591167	0000701221		Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95500	22-2720890	1591167	0000701221		Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-2301807	1591167	0000701221		Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95635	36-3359925	1591167	0000701221		Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		62-1230908	1591167	0000701221		Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	96229	58-1641057	1591167	0000701221		Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95383	74-2767437	1591167	0000701221		Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95525	35-1679172	1591167	0000701221		Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95606	62-1218053	1591167	0000701221		Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95132	56-1479515	1591167	0000701221		Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95708	06-1185590	1591167	0000701221		Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Temple Insurance Company Limited	BMJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		86-3581583	1591167	0000701221		Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		02-0467679	1591167	0000701221		Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Managed Care Consultants, Inc.	NV	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		02-0515554	1591167	0000701221		Cigna Benefit Technology Solutions, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		35-1641636	1591167	0000701221		Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		84-0985843	1591167	0000701221		Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		93-1174749	1591167	0000701221		Great-West Healthcare of Illinois, Inc.	IL	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		02-0495422	1591167	0000701221		Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	64548	13-2556568	3281743	0000701221		Cigna Life Insurance Company of New York	NV	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	62308	06-0303370	1591167	0000701221		Connecticut General Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		45-3481107	1591167	0000701221		CG Mystic Center LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Station Landing, LLC	DE	NIA	CG Mystic Center LLC	Ownership	85.000	Cigna Corporation	.N	
.0901	Cigna Group		45-3481241	1591167	0000701221		CG Mystic Land LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-3870049	1591167	0000701221		CG Skyline, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Skyline ND/CG LLC	MA	NIA	CG Skyline LLC	Ownership	85.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Skyline Mezzanine Borrower LLC	MA	NIA	Skyline ND/CG LLC	Ownership	100.000	Cigna Corporation	.N	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 1A - DETAIL 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	Domiciliary 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? (Y/N)	*
.0901	Cigna Group		00-000000	1591167	0000701221		Skyline at Station Landing LLC	MA	NIA	Skyline Mezzanine Borrower LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		26-0180898	1591167	0000701221		CareAllies, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		CG Bayport LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Bayport Colony Apartments LLC	FL	NIA	CG Bayport LLC	Ownership	99.900	Cigna Corporation	N	
.0901	Cigna Group		32-0222252	1591167	0000701221		Cigna Onsite Health, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
.0901	Cigna Group		00-000000	1591167	0000701221		Gillette Ridge Community Council, Inc.	CT	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-3700105	1591167	0000701221		Gillette Ridge Golf, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		52-2149519	1591167	0000701221		Hazard Center Investment Company LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-3074013	1591167	0000701221		TEL-DRUG of Pennsylvania, L.L.C.	PA	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
	Cigna Group		00-000000				GRG Acquisitions LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-5402196	1591167	0000701221		Cigna Affiliates Realty Investment Group LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		CR Longwood Investors L.P.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	27.030	Charles River Realty Longwood, LLC (non-affiliate)	N	
.0901	Cigna Group		00-000000	1591167	0000701221		ND/CR Longwood LLC	DE	NIA	CR Longwood Investors L.P.	Ownership	95.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		ARE/ND/CR Longwood LLC	DE	NIA	ND / CR Longwood LLC	Ownership	35.000	ARE-MA Region No. 41, LLC (non-affiliate)	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Secon Properties, LP	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)	N	
.0901	Cigna Group		00-000000				Transwestern Federal Holdings, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	7.616	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Transwestern Federal, L.L.C.	DE	NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Market Street Residential Holdings LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Arborpoint at Market Street LLC	DE	NIA	Market Street Residential Holdings LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Diamondview Tower CM-CG LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		CR Washington Street Investors LP	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Dulles Town Center Mall, LLC	VA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		ND/CR Unicorn LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	70.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Union Wharf Apartments LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		AMD Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		PUR Arbors Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		CG Seventh Street LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Ideal Properties II LLC	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		80-0668090	1591167	0000701221		Alessandro Partners, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	95.200	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0901	Cigna Group		80-0908244				Mallory Square Partners I, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Newtown Partners II, LP	MD	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	71.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Newtown Square GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation and Newtown Square	N	
.0901	Cigna Group		00-0000000				AFA Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				SB-SNH LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				CGGL 18301 LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
	Cigna Group		00-0000000				222 Main Street CARING GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				222 Main Street Investors LP	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
	Cigna Group		00-0000000				Notch 8 Residential, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
	Cigna Group		00-0000000				UVL, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	71.400	Cigna Corporation	N	
	Cigna Group		00-0000000				3601 North Fairfax Drive Associates, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
	Cigna Group		47-4235739				CI Perris 151, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	75.000	Cigna Corporation	N	
.0901	Cigna Group		47-4375626				Lakehills CM-CG LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
	Cigna Group		30-0939067				Affiliated Hotel Subsidiary	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
	Cigna Group		81-2481274				CGGL 6280 LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
	Cigna Group		81-2650133				Berewick Apartments LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		81-3281922				CGGL Chapman LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		81-4139432				Heights at Bear Creek Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		82-1732483				SOMA Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		82-3315524				Arbor Heights Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		27-0268530	1591167	0000701221		CORAC, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	50.000	Cigna Corporation	N	
.0901	Cigna Group		27-3582688	1591167	0000701221		Henry on the Park Associates, LLC	DE	NIA	Corac, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group	67369	59-1031071	1591167	0000701221		Cigna Health and Life Insurance Company	CT	IA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-2681649	1591167	0000701221		CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	

41.3

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0901	Cigna Group		27-3396038	1591167	0000701221		Cigna Corporate Services, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-1903785	1591167	0000701221		Cigna Insurance Agency, LLC	CT	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
.0901	Cigna Group	61727	34-0970995				Central Reserve Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	67903	23-1335885				Provident American Life & Health Insurance Company	OH	IA	Central Reserve Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	OH	IA	Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-3744987				QualCare Alliance Networks, Inc.	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
.0901	Cigna Group		22-3129563				QualCare, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		22-2483867				Scibal Associates, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-1634843				QualCare Captive Insurance Company Inc., PCC	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-1801639				QualCare Management Resources Limited	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-2086778				Liability Company	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	77399	13-1867829				Health-Lynx, LLC	IL	IA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		91-1500758				Sterling Life Insurance Company	IA	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		91-1599329				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		88-0455414				Olympic Health Management Services, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-2355015				WorldDoc, Inc.	NV	NIA	Cigna Health and Life Insurance Company	Ownership	20.000	Cigna Corporation	N	
.0901	Cigna Group		23-1728483	1591167	0000701221		Omada Health, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	7.693	Cigna Corporation	N	
.0901	Cigna Group		20-8064696	1591167	0000701221		Cigna Health Management, Inc	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	65498	23-1503749	1591167	0000701221		Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Life Insurance Company of North America	PA	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna & CMB Life Insurance Company Limited	CHN	IA	Life Insurance Company of North America	Ownership	50.000	Cigna Corporation	Y	
.0901	Cigna Group		58-1136865	1591167	0000701221		Cigna & CMB Health Services Company, Ltd.	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-0427127	1591167	0000701221		Cigna Direct Marketing Company, Inc.	DE	NIA	Life Insurance Company of North America	Ownership	100.000	Cigna Corporation	Y	
.0901	Cigna Group		00-0000000	1591167	0000701221		Tei-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-0463704	1591167	0000701221		Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1332403	1591167	0000701221		CG Individual Tax Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1332405	1591167	0000701221		CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1332401	1591167	0000701221		CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		62-1724116	1591167	0000701221		Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2741293	1591167	0000701221		Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2924152	1591167	0000701221		Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2741294	1591167	0000701221		Cigna Managed Care Benefits Company	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1071502	1591167	0000701221		Cigna RE Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1522976	1591167	0000701221		Blodgett & Hazard Limited	GBR	NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1567902	1591167	0000701221		Cigna Resource Manager, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1252419	1591167	0000701221		Connecticut General Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1533555	1591167	0000701221		Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		35-2041388	1591167	0000701221		IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1252418	1591167	0000701221		LINA Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		88-0334401	1591167	0000701221		Mediversal, Inc.	NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		88-0344624	1591167	0000701221		Universal Claims Administration	MT	NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-2760646				CareAllies, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-1713977				Brighter, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		80-0818758				Patient Provider Alliance, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		51-0389196	1591167	0000701221		Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

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.0901	Cigna Group		51-0111677	1591167	0000701221		Cigna International Corporation, Inc.	.DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-2610178	1591167	0000701221		Cigna International Services, Inc. Cigna International Marketing (Thailand) Limited	.DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		30-3087621	1591167	0000701221		Limited	.THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		CGO PARTICIPATOS LTDA.	.BRA	NIA	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		YCFM Servicos LTDA	.BRA	NIA	Cigna Global Holdings, Inc.	Ownership	56.020	Cigna Corporation	.N	
.0901	Cigna Group		AA-3190987	1591167	0000701221		Cigna Global Reinsurance Company, Ltd.	.BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-3009279	1591167	0000701221		Cigna Holdings Overseas, Inc.	.DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Bellevue Alpha LLC	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		46-4110289				Cigna Linden Holdings, Inc.	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	80.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1146864				Cigna Laurel Holdings, Ltd.	.BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Palmetto Holdings, Ltd.	.BMU	NIA	Cigna Laurel Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Apac Holdings Limited	.BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Alder Holdings, LLC	.DE	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Walnut Holdings, Ltd.	.GBR	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1137759				Cigna Chestnut Holdings, Ltd.	.GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Nederland Gamma B.V.	.MLD	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Finans Emeklilik Ve Hayat A.S.	.TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership	51.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		LINA Life Insurance Company of Korea	.KOR	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna International Services Australia Pty Ltd	.AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Hong Kong Holdings Company Limited	.HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Data Services (Shanghai) Company Limited	.CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna HLA Technology Services Limited	.HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Worldwide General Insurance Company Limited	.HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Worldwide Life Insurance Company Limited	.HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna International Health Services Sdn. Bhd.	.MYS	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Life Insurance New Zealand Limited	.NZL	IA	Cigna International Health Services Sdn. Bhd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		11-9599164				Grown Ups New Zealand Limited	.NZL	NIA	Cigna Life Insurance New Zealand Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		AA-1560515	1591167	0000701221		Cigna Life Insurance Company of Canada	.CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited)	.KOR	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				LINA Financial Service	.KOR	NIA	Cigna Korea Chusik Heosa	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		RHP (Thailand) Limited	.THA	NIA	Cigna Apac Holdings Limited	Ownership	49.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Brokerage & Marketing (Thailand) Limited	.THA	NIA	RHP Thailand Limited	Ownership	75.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		KDM (Thailand) Limited	.THA	NIA	RHP Thailand Limited	Ownership	99.900	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Insurance Public Company Limited	.THA	IA	KDM Thailand Limited	Ownership	75.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Taiwan Life Assurance Company Limited	.TWN	IA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1154657				Cigna Myrtle Holdings, Ltd.	.MLT	NIA	Cigna Apac Holdings Limited	Ownership	50.540	Cigna Corporation	.N	
.0901	Cigna Group		98-1155943				Cigna Elmwood Holdings, SPRL	.BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1181787				Cigna Beechwood Holdings	.BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	.N	
.0901	Cigna Group		AA-1240009	1591167	0000701221		Cigna Life Insurance Company of Europe S.A.-N.V.	.BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Europe Insurance Company S.A.-N.V.	.BEL	IA	Cigna Beechwood Holdings	Ownership	99.999	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna European Services (UK) Limited	.GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		CIGNA 2000 UK Pension LTD	.NIA	NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Oak Holdings, Ltd.	.GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Willow Holdings, Ltd.	.GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

PART 1A - DETAIL 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	Domiciliary 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? (Y/N)	*
.0901	Cigna Group		00-000000	1591167	0000701221		FirstAssist Administration Limited	.GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Legal Protection U.K. Ltd.	.GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Insurance Services (Europe) Limited	.GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna International Health Services, BVBA	.BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna International Health Services, LLC	.FL	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna International Health Services Kenya Limited	.KEN	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Sequoia Holdings SPRL	.BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
	Cigna Group						Cigna Cedar Holdings, Ltd.	.MLT	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
	Cigna Group		00-000000				Cigna Insurance Middle East S.A.L.	.LBN	IA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Insurance Management Services (DIFC), Ltd.	.ARE	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Magnolia Holdings, Ltd.	.BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
							Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.)	.TUR	NIA	Cigna Magnolia Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Nederland Alpha Cooperatief U.A.	.NLD	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Nederland Beta B.V.	.NLD	NIA	Cigna Nederland Alpha Cooperatief U.A.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Health Solution India Pvt. Ltd.	.IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		46-4099800				Cigna Poplar Holdings, Inc.	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		PT GAR Indonesia	.IDN	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		PT PGU Indonesia	.IDN	NIA	PT GAR Indonesia	Ownership	99.990	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Global Insurance Company Limited	.GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				CignaTK Health Insurance Company Limited	.IND	IA	Cigna Holdings Overseas, Inc.	Ownership	49.000	TTK (non-affiliate)	.N	
.0901	Cigna Group	90859	23-2088429	1591167	0000701221		Cigna Worldwide Insurance Company	.DE	IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		AA-5360003	1591167	0000701221		PT. Asuransi Cigna	.IDN	IA	Cigna Worldwide Insurance Company	Ownership	80.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Teak Holdings, LLC	.DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	06-1059331	Cigna Corporation	758,200,000	(11,000,000)		170,500	17,912				747,388,412	
	06-1072796	Cigna Holdings, Inc.	873,233,894	(447,027,627)			(2,508,879)				423,697,388	
	51-0402128	Cigna Intellectual Property, Inc.									0	
	06-1095823	Cigna Investment Group, Inc.									0	
	52-0291385	Cigna International Finance, Inc.					(8,500,000)				(8,500,000)	
	23-1914061	Former Cigna Investments, Inc					2,519,265				2,519,265	
	06-0861092	Cigna Investments, Inc.					42,041,975				42,041,975	
	01-0947889	Cigna Benefits Financing, Inc.					1,110,960				1,110,960	
	06-0840391	Connecticut General Corporation		200,000,000			(2,915)				199,997,085	
	81-0585518	Benefit Management Corp.	(5,000,000)								(5,000,000)	
12814	20-4433475	Allegiance Life & Health Insurance Company					(1,712,992)	(1,073,828)			(2,786,820)	38,115
	20-3851464	Allegiance Re, Inc.									0	
	81-0400550	Allegiance Benefit Plan Management, Inc.					527,326				527,326	
	71-0916514	Allegiance COBRA Services, Inc.					669				669	
	00-0000000	Allegiance Provider Direct, LLC									0	
	00-0000000	Community Health Network, LLC									0	
	81-0425785	Intermountain Underwriters, Inc.					32,761				32,761	
	00-0000000	Star Point, LLC					93,737				93,737	
	20-1821898	HealthSpring, Inc.					27,109,627				27,109,627	
	76-0628370	NewQuest, LLC	(34,000,000)				(241,126)				(34,241,126)	
	52-1929677	NewQuest Management Northeast, LLC	(15,400,000)				95,535,426				80,135,426	
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.					(18,323,889)				(18,323,889)	
11254	52-2363406	Bravo Health Pennsylvania, Inc.					(74,427,702)				(74,427,702)	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.					(275,015,597)				(275,015,597)	
95781	63-0925225	HealthSpring of Alabama, Inc.					(92,756,787)				(92,756,787)	
11532	65-1129599	HealthSpring of Florida, Inc.					(90,841,343)				(90,841,343)	
	77-0632665	NewQuest Management of Illinois, LLC	(2,000,000)				44,208,806				42,208,806	
	20-4954206	NewQuest Management of Florida, LLC	(12,600,000)				84,636,475				72,036,475	
	20-8647386	HealthSpring Management of America, LLC					380,411,352				380,411,352	
	45-0633893	NewQuest Management of West Virginia, LLC									0	
	75-3108527	TexQuest, LLC									0	
	75-3108521	HouQuest, LLC									0	
	76-0657035	GulfQuest, LP	(42,000,000)				(12,880)				(42,012,880)	
	33-1033586	NewQuest Management of Alabama, LLC	(10,000,000)				138,729,352				128,729,352	
	72-1559530	HealthSpring USA, LLC	(10,900,000)				15,082,278				4,182,278	
	62-1540621	HealthSpring Management, Inc.	(5,400,000)				140,826,113				135,426,113	
11522	62-1593150	HealthSpring of Tennessee, Inc.					(222,472,885)				(222,472,885)	
	20-5524622	Tennessee Quest, LLC	(5,000,000)				(991)				(5,000,991)	
	26-2353476	HealthSpring Pharmacy Services, LLC									0	
	26-2353772	HealthSpring Pharmacy of Tennessee, LLC									0	
	20-4266628	Home Physicians Management, LLC									0	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	35-2562415	Alegis Care Services, LLC									0	
13733	03-0452349	Cigna Arbor Life Insurance Company					(7,926)				(7,926)	
	41-1648670	Cigna Behavioral Health, Inc.	(64,000,000)				(206,261,980)				(270,261,980)	
	94-3107309	Cigna Behavioral Health of California, Inc.					(24,771)				(24,771)	
	75-2751090	Cigna Behavioral Health of Texas, Inc.					(123,855)				(123,855)	
	06-1346406	MCC Independent Practice Association of New York, Inc.									0	
	59-2308055	Cigna Dental Health, Inc.	3,800,000				29,325,680				33,125,680	
	59-2600475	Cigna Dental Health Of California, Inc.	(12,000,000)			(147,500)	(350,736)				(12,498,236)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,400,000)				(963,427)				(3,363,427)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(12,131)				(12,131)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(9,200,000)				(3,792,249)				(12,992,249)	
	06-1351097	Cigna Dental Health of Illinois, Inc.									0	
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(300,000)				(164,485)				(464,485)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(3,900,000)				(1,118,604)				(5,018,604)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(650,000)				(503,619)				(1,153,619)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,500,000)				(1,504,022)				(3,004,022)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.		5,000,000			(550,234)				4,449,766	
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(2,000,000)				(888,735)				(2,888,735)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.										
			(1,650,000)				(603,602)				(2,253,602)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(10,000,000)				(4,265,988)				(14,265,988)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,100,000)				(641,080)				(1,741,080)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.										
			(5,000,000)				(88,292)				(5,088,292)	
48119	59-2740468	Cigna Dental Health Of Maryland, Inc.	(4,100,000)				(1,178,487)				(5,278,487)	
	62-1312478	Cigna Health Corporation	(43,000,000)				5,583,180				(37,416,820)	
	02-0387748	Healthsource, Inc.	40,000,000	(12,000,000)							28,000,000	
95125	86-0334392	Cigna HealthCare of Arizona, Inc.					(3,991,872)	(256,911)			(4,248,783)	436,856
	95-3310115	Cigna HealthCare of California, Inc.		16,000,000			(5,620,975)				10,379,025	6,902,479
95604	84-1004500	Cigna HealthCare of Colorado, Inc.		1,000,000			(116,640)	(85,266)			798,094	60,660
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.	(37,000,000)				(768,991)	(3,707)			(37,772,698)	2,569
95136	59-2089259	Cigna HealthCare of Florida, Inc.	(1,000,000)				(41,933)	(26,286)			(1,068,219)	18,220
95602	36-3385638	Cigna HealthCare of Illinois, Inc.		29,000,000		(23,000)	(2,788,715)	(1,608,947)			24,579,338	1,480,301
95477	01-0418220	Cigna HealthCare of Maine, Inc.									0	
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.									0	
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.									0	
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.					(8,291)				(8,291)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.	(2,000,000)				(26,007)	758,668			(1,267,339)	12,050
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.									0	
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.					(1,942,501)	233,334			(1,709,167)	53,831
95518	62-1230908	Cigna HealthCare of Utah, Inc.									0	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
96229	58-1641057	Cigna HealthCare of Georgia, Inc.					(40,826,202)	(38,333)			(40,864,535)	26,570
95383	74-2767437	Cigna HealthCare of Texas, Inc.					(1,291,924)	681,806			(610,118)	679,392
95525	35-1679172	Cigna HealthCare of Indiana, Inc.					(19,084)	(11,397)			(30,481)	7,900
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.					(582,840)				(582,840)	309,069
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.					(11,374,187)	(1,489,315)			(12,863,502)	1,306,050
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.					(9,498,276)	(3,247)			(9,501,523)	2,251
	00-0000000	Temple Insurance Company Limited					(19,817)				(19,817)	
	86-3581583	Arizona Health Plan, Inc.									0	
	02-0467679	Healthsource Properties, Inc.									0	
	00-0000000	Managed Care Consultants, Inc.									0	
	02-0515554	Cigna Benefit Technology Solutions, Inc.									0	
	35-1641636	Sagamore Health Network, Inc.					18,555,124				18,555,124	
	84-0985843	Cigna Healthcare Holdings, Inc.									0	
95388	93-1174749	Great-West Healthcare of Illinois, Inc.					(1,982)				(1,982)	
	02-0495422	Cigna Healthcare, Inc.									0	
64548	13-2556568	Cigna Life Insurance Company of New York	(5,000,000)				(983,974)	9,964,239			3,980,265	146,357,835
62308	06-0303370	Connecticut General Life Insurance Company	(88,000,000)	43,961,843			(7,479,533)	(116,415,296)			(167,932,986)	(841,514,742)
	45-3481107	CG Mystic Center LLC					108,035				108,035	
	00-0000000	Station Landing, LLC									0	
	45-3481241	CG Mystic Land LLC									0	
	20-3870049	CG Skyline, LLC									0	
	00-0000000	Skyline ND/CG LLC									0	
	00-0000000	Skyline Mezzanine Borrower LLC									0	
	00-0000000	Skyline at Station Landing LLC									0	
	26-0180898	CareAllies, LLC									0	
	00-0000000	CG Bayport LLC									0	
	00-0000000	Bayport Colony Apartments LLC									0	
	32-0222252	Cigna Onsite Health, LLC					(3,963)				(3,963)	
	00-0000000	Gillette Ridge Community Council, Inc.									0	
	20-3700105	Gillette Ridge Golf, LLC									0	
	52-2149519	Hazard Center Investment Company LLC									0	
	23-3074013	TEL-DRUG of Pennsylvania, L.L.C.	(42,000,000)				(6,182)				(42,006,182)	
	00-0000000	GRG Acquisitions LLC		137,307							137,307	
	27-5402196	Cigna Affiliates Realty Investment Group LLC		(245,323,708)							(245,323,708)	
	00-0000000	CR Longwood Investors L.P.									0	
	00-0000000	ND/CR Longwood LLC									0	
	00-0000000	ARE/ND/CR Longwood LLC									0	
	00-0000000	Secon Properties, LP									0	
	00-0000000	Transwestern Federal Holdings, L.L.C.									0	
	00-0000000	Transwestern Federal, L.L.C.									0	
	00-0000000	Market Street Residential Holdings LLC									0	
	00-0000000	Arborpoint at Market Street LLC									0	

42.2

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-0000000	Diamondview Tower CM-CG LLC										0
	00-0000000	CR Washington Street Investors LP										0
	00-0000000	Dulles Town Center Mall, LLC										0
	00-0000000	ND/CR Unicorn LLC										0
	00-0000000	Union Wharf Apartments LLC										0
	00-0000000	AMD Apartments Limited Partership										0
	00-0000000	PUR Arbors Apartments Venture LLC										0
	00-0000000	CG Seventh Street LLC										0
	00-0000000	Ideal Properties II LLC										0
	80-0668090	Alessandro Partners, LLC										0
	80-0908244	Mallory Square Partners I, LLC										0
	00-0000000	Houston Briar Forest Apartments Limited Partnership										0
	00-0000000	Newtown Partners II, LP										0
	00-0000000	Newtown Square GP LLC										0
	00-0000000	AFA Apartments Limited Partnership										0
	00-0000000	SB-SNH LLC										0
	00-0000000	680 Investors LLC										0
	00-0000000	685 New Hampshire LLC										0
	00-0000000	CGGL 18301 LLC										0
	00-0000000	222 Main Street CARING GP LLC										0
	00-0000000	222 Main Street Investors LP										0
	00-0000000	Notch 8 Residential, L.L.C.										0
	00-0000000	UVL, LLC										0
	00-0000000	3601 North Fairfax Drive Associates, LLC										0
	47-4235739	CI Perris 151, LLC										0
	47-4375626	Lakehills CM-CG LLC										0
	30-0939067	Affiliated Hotel Subsidiary										0
	81-2481274	CGGL 6280 LLC										0
	81-2650133	Berewick Apartments LLC										0
	81-3389374	CIG-LEI Ygnacio Associates LLC										0
	61-1797835	CGGL Orange Collection LLC										0
	81-3281922	CGGL Chapman LLC										0
	81-3313562	CGGL City Parkway LLC										0
	81-4139432	Heights at Bear Creek Venture LLC										0
	82-1732483	SOMA Apartments Venture LLC										0
	82-3315524	Arbor Heights Venture LLC										0
	27-0268530	CORAC, LLC		(85,008)							(85,008)	0
	27-3582688	Henry on the Park Associates, LLC										0
67369	59-1031071	Cigna Health and Life Insurance Company	(876,500,000)	51,860,186			35,649,028	96,961,205			(692,029,581)	92,114,257
	45-2681649	CarePlexus, LLC										0
	27-3396038	Cigna Corporate Services, LLC										0
	27-1903785	Cigna Insurance Agency, LLC										0
	34-1970892	Ceres Sales of Ohio, LLC										0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
61727	34-0970995	Central Reserve Life Insurance Company	(6,000,000)				(288,197)				(6,288,197)	
67903	23-1335885	Provident American Life & Health Insurance Company	(12,500,000)				(493,732)				(12,993,732)	
65269	75-2305400	United Benefit Life Insurance Company					(24,962)				(24,962)	
65722	63-0343428	Loyal American Life Insurance Company		(500,000)			(57,005,517)				(57,505,517)	
88366	59-2760189	American Retirement Life Insurance Company		60,500,000			(29,888,031)				30,611,969	
	23-3744987	QualCare Alliance Networks, Inc.	(10,000,000)								(10,000,000)	
	22-3129563	QualCare, Inc.									0	
	22-2483867	Scibal Associates, Inc.									0	
	46-1634843	QualCare Captive Insurance Company Inc., PCC									0	
	46-1801639	QualCare Management Resources Limited Liability Company									0	
	46-2086778	Health-Lynx, LLC									0	
77399	13-1867829	Sterling Life Insurance Company	(14,500,000)				(4,339,680)				(18,839,680)	
	91-1500758	Olympic Health Management Systems, Inc.	(500,000)								(500,000)	
	91-1599329	Olympic Health Management Services, Inc.									0	
	88-0455414	WorldDoc, Inc.									0	
	45-2355015	Omada Health, Inc.									0	
	23-1728483	Cigna Health Management, Inc					166,201,622				166,201,622	
	20-8064696	Kronos Optimal Health Company					605,323				605,323	
65498	23-1503749	Life Insurance Company of North America		89,449,380		(68,394)	(26,214,954)	106,787,470			169,953,502	690,821,058
	00-0000000	Cigna & CMB Life Insurance Company Limited					30,696				30,696	
	00-0000000	Cigna & CMB Health Services Company, Ltd.									0	
	58-1136865	Cigna Direct Marketing Company, Inc.									0	
	46-0427127	Tel-Drug, Inc.	(148,000,000)				(143,672)				(148,143,672)	
	00-0000000	Cigna Global Wellbeing Holdings Limited									0	
	00-0000000	Cigna Global Wellbeing Solutions Limited									0	
	98-0463704	Vielife Services, Inc.									0	
	06-1332403	CG Individual Tax Benefits Payments, Inc.									0	
	06-1332405	CG Life Pension Benefits Payments, Inc.									0	
	06-1332401	CG LINA Pension Benefits Payments, Inc.									0	
	62-1724116	Cigna Federal Benefits, Inc.									0	
	23-2741293	Cigna Healthcare Benefits, Inc.									0	
	23-2924152	Cigna Integratedcare, Inc.									0	
	23-2741294	Cigna Managed Care Benefits Company									0	
	06-1071502	Cigna RE Corporation									0	
	06-1522976	Blodget & Hazard Limited									0	
	06-1567902	Cigna Resource Manager, Inc.									0	

42.4

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	06-1252419	Connecticut General Benefit Payments, Inc.									0	
	06-1533555	Healthsource Benefits, Inc.									0	
	35-2041388	IHN, Inc.					(4,954)				(4,954)	
	06-1252418	LINA Benefit Payments, Inc.									0	
	88-0334401	Mediversal, Inc.									0	
	88-0344624	Universal Claims Administration									0	
	81-2760646	CareAllies, Inc.									0	
	27-1713977	Brighter, Inc.									0	
	80-0818758	Patient Provider Alliance, Inc.									0	
	51-0389196	Cigna Global Holdings, Inc.	(62,133,894)	219,027,627			642,298				157,536,031	
	51-0111677	Cigna International Corporation, Inc.					63,320				63,320	
	23-2610178	Cigna International Services, Inc.									0	
	30-3087621	Cigna International Marketing (Thailand) Limited									0	
	00-0000000	CGO PARTICIPATOS LTDA.									0	
	00-0000000	YCFM Servicios LTDA									0	
	AA-3190987	Cigna Global Reinsurance Company, Ltd.	(67,000,000)			68,394	(5,842)	(93,586,135)			(160,523,583)	(103,244,838)
	23-3009279	Cigna Holdings Overseas, Inc.									0	
	00-0000000	Cigna Bellevue Alpha LLC									0	
	46-4110289	Cigna Linden Holdings, Inc.									0	
	98-1146864	Cigna Laurel Holdings, Ltd.									0	
	00-0000000	Cigna Palmetto Holdings, Ltd.									0	
	00-0000000	Cigna Apac Holdings Limited									0	
	00-0000000	Cigna Alder Holdings, LLC									0	
	00-0000000	Cigna Walnut Holdings, Ltd.									0	
	98-1137759	Cigna Chestnut Holdings, Ltd.									0	
	00-0000000	Cigna Nederland Gamma B.V.									0	
	00-0000000	Cigna Finans Emeklilik Ve Hayat A.S.									0	
	00-0000000	LINA Life Insurance Company of Korea									0	
	00-0000000	Cigna International Services Australia Pty Ltd									0	
	00-0000000	Cigna Hong Kong Holdings Company Limited									0	
	00-0000000	Cigna Data Services (Shanghai) Company Limited									0	
	00-0000000	Cigna HLA Technology Services Limited									0	
	00-0000000	Cigna Worldwide General Insurance Company Limited									0	
	00-0000000	Cigna Worldwide Life Insurance Company Limited									0	
	00-0000000	Cigna International Health Services Sdn. Bhd.									0	
	00-0000000	Cigna Life Insurance New Zealand Limited									0	
	11-9599164	Grown Ups New Zealand Limited									0	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	AA-1560515	Cigna Life Insurance Company of Canada					(9,736,967)	(320,035)			(10,057,002)	517,292
	00-0000000	Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited)									0	
	00-0000000	LINA Financial Service									0	
	00-0000000	RHP (Thailand) Limited									0	
	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited									0	
	00-0000000	KDM (Thailand) Limited									0	
	00-0000000	Cigna Insurance Public Company Limited									0	
	00-0000000	Cigna Taiwan Life Assurance Company Limited									0	
	98-1154657	Cigna Myrtle Holdings, Ltd.									0	
	98-1155943	Cigna Elmwood Holdings, SPRL									0	
	98-1181787	Cigna Beechwood Holdings									0	
	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.					(9,490)	(992,997)			(1,002,487)	350,638
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.									0	
	00-0000000	Cigna European Services (UK) Limited									0	
	00-0000000	CIGNA 2000 UK Pension LTD									0	
	00-0000000	Cigna Oak Holdings, Ltd.									0	
	00-0000000	Cigna Willow Holdings, Ltd.									0	
	00-0000000	FirstAssist Administration Limited									0	
	00-0000000	Cigna Legal Protection U.K. Ltd									0	
	00-0000000	Cigna Insurance Services (Europe) Limited									0	
	00-0000000	Cigna International Health Services, BVBA									0	
	00-0000000	Cigna International Health Services, LLC									0	
	00-0000000	Cigna International Health Services Kenya Limited									0	
	00-0000000	Cigna Sequoia Holdings SPRL									0	
	00-0000000	Cigna Cedar Holdings, Ltd.									0	
	00-0000000	Cigna Insurance Middle East S.A.L.									0	
	00-0000000	Cigna Insurance Management Services (DIFC), Ltd.									0	
	00-0000000	Cigna Magnolia Holdings, Ltd.									0	
	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.)									0	
	00-0000000	Cigna Nederland Alpha Cooperatief U.A.									0	
	00-0000000	Cigna Nederland Beta B.V.									0	
	00-0000000	Cigna Health Solution India Pvt. Ltd.									0	
	46-4099800	Cigna Poplar Holdings, Inc.									0	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-0000000	PT GAR Indonesia									0	
	00-0000000	PT PGU Indonesia									0	
	00-0000000	Cigna Global Insurance Company Limited					(4,156,463)	(21,270)			(4,177,733)	
	00-0000000	CignaTK Health Insurance Company Limited									0	
90859	23-2088429	Cigna Worldwide Insurance Company					(79,781)	546,248			466,467	3,262,187
	AA-5360003	PT. Asuransi Cigna									0	
	00-0000000	Cigna Teak Holdings, LLC									0	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
11. Business not written	
12. Business not written	
13. Not applicable	
14. Business not written	
15. Business not written	
17. Not applicable	
18. Not applicable	
19. Not applicable	
20. Not applicable	
23. Medicare Advantage is reported with the situs state and expenses are reported just to the situs state.	

Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
12. Life Supplement [Document Identifier 205]	
13. SIS Stockholder Information Supplement [Document Identifier 420]	
14. Participating Opinion for Exhibit 5 [Document Identifier 371]	
15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
19. Relief from the Requirements for Audit Committees [Document Identifier 226]	
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
23. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	



SUPPLEMENT FOR THE YEAR 2017 OF THE HealthSpring Life & Health Insurance Company, Inc.

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0901

(To Be Filed by March 1)

NAIC Company Code 12902

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	0
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	0
1.2 Supplemental Benefits		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	0	XXX	0	XXX	XXX
5.2 Supplemental Benefits	0	XXX	0	XXX	XXX
6. Total Premiums	0	XXX	0	XXX	0
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		XXX		XXX	0
7.12 Without Reinsurance Coverage	74,488	XXX		XXX	74,488
7.2 Supplemental Benefits		XXX		XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage	(95,619)	XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage	(21,131)	XXX	0	XXX	XXX
10.2 Supplemental Benefits	0	XXX	0	XXX	XXX
11. Total Claims	(21,131)	XXX	0	XXX	74,488
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		0
12.3 Reimbursements Receivable-change	XXX		XXX		XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid	2,190,918	XXX		XXX	2,190,918
15. Expenses Incurred	1,489	XXX		XXX	XXX
16. Underwriting Gain/Loss	19,642	XXX	0	XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	(2,265,406)

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23
Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15

ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6.....	36
Schedule S - Part 7.....	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14