



# HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2018

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 2800 North Loop West, Suite 500, 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 Brian Case Evanko # 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  
Thomas Andrew Young #, 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 \_\_\_\_\_ 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.

Brian Case Evanko  
President & Chief Executive Officer

Ryan Bruce McGroarty  
Chief Financial Officer

Brent Jason Sanders  
Vice President

Subscribed and sworn to before me this \_\_\_\_\_ day of August, 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.....

STATEMENT AS OF JUNE 30, 2018 OF THE HealthSpring Life & Health Insurance Company, Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	847,588,095	0	847,588,095	632,113,934
2. Stocks:				
2.1 Preferred stocks .....			0	
2.2 Common stocks .....			0	
3. Mortgage loans on real estate:				
3.1 First liens .....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....			0	
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....			0	
4.3 Properties held for sale (less \$ .....0 encumbrances) .....			0	
5. Cash (\$ .....52,081,606 ), cash equivalents (\$ .....329,405,942 ) and short-term investments (\$ .....0 ) .....	381,487,548	0	381,487,548	248,349,260
6. Contract loans (including \$ .....0 premium notes) .....			0	
7. Derivatives .....			0	
8. Other invested assets .....			0	
9. Receivables for securities .....	24,375	0	24,375	69,680
10. Securities lending reinvested collateral assets .....			0	
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	1,229,100,018	0	1,229,100,018	880,532,874
13. Title plants less \$ .....0 charged off (for Title insurers only) .....			0	
14. Investment income due and accrued .....	8,187,042		8,187,042	5,984,857
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	104,261,577	1,525,618	102,735,959	30,638,450
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....			0	
15.3 Accrued retrospective premiums (\$ .....0 ) and contracts subject to redetermination (\$ .....294,277 ) .....	294,277		294,277	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	
16.2 Funds held by or deposited with reinsured companies .....			0	
16.3 Other amounts receivable under reinsurance contracts .....			0	
17. Amounts receivable relating to uninsured plans .....			0	984,932
18.1 Current federal and foreign income tax recoverable and interest thereon .....	7,304,905		7,304,905	35,875,394
18.2 Net deferred tax asset .....	10,068,396	234,118	9,834,278	10,605,000
19. Guaranty funds receivable or on deposit .....	229,516		229,516	229,516
20. Electronic data processing equipment and software .....			0	
21. Furniture and equipment, including health care delivery assets (\$ .....0 ) .....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	
23. Receivables from parent, subsidiaries and affiliates .....			0	7,131,522
24. Health care (\$ .....102,520,843 ) and other amounts receivable .....	107,381,546	4,860,703	102,520,843	74,984,862
25. Aggregate write-ins for other than invested assets .....	4,469,574	527	4,469,047	690,929
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	1,471,296,851	6,620,966	1,464,675,885	1,047,658,336
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	1,471,296,851	6,620,966	1,464,675,885	1,047,658,336
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Health Insurance Industry Fee Reimbursement .....	3,876,642		3,876,642	231,611
2502. State Income Taxes Recoverable .....	592,285		592,285	458,791
2503. Provider Pass Thru Payment from State of Texas .....	527	527	0	527
2598. Summary of remaining write-ins for Line 25 from overflow page .....	120	0	120	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	4,469,574	527	4,469,047	690,929

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	300,203,194	11,305,398	311,508,592	299,034,908
2. Accrued medical incentive pool and bonus amounts .....	28,007,884		28,007,884	22,872,076
3. Unpaid claims adjustment expenses .....		4,142,137	4,142,137	3,932,964
4. Aggregate health policy reserves, including the liability of \$ .....4,025,550 for medical loss ratio rebate per the Public Health Service Act .....	12,762,848		12,762,848	44,215,431
5. Aggregate life policy reserves .....			0	
6. Property/casualty unearned premium reserve .....			0	
7. Aggregate health claim reserves .....			0	
8. Premiums received in advance .....	248,512,010		248,512,010	142,015
9. General expenses due or accrued .....	66,545,580		66,545,580	2,712,910
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....			0	2,727,973
10.2 Net deferred tax liability .....			0	
11. Ceded reinsurance premiums payable .....			0	
12. Amounts withheld or retained for the account of others .....			0	
13. Remittances and items not allocated .....			0	
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	
15. Amounts due to parent, subsidiaries and affiliates .....	111,120,919		111,120,919	99,457,105
16. Derivatives .....			0	
17. Payable for securities .....	15,118,838		15,118,838	
18. Payable for securities lending .....			0	
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....			0	
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	
22. Liability for amounts held under uninsured plans .....	67,320,782		67,320,782	6,797,609
23. Aggregate write-ins for other liabilities (including \$ .....14,493,328 current) .....	14,493,328	0	14,493,328	15,044,435
24. Total liabilities (Lines 1 to 23) .....	864,085,383	15,447,535	879,532,918	496,937,426
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	65,637,894
26. Common capital stock .....	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	177,190,962	177,190,962
29. Surplus notes .....	XXX	XXX	900,000	900,000
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	404,552,005	304,492,054
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	585,142,967	550,720,910
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	1,464,675,885	1,047,658,336
<b>DETAILS OF WRITE-INS</b>				
2301. Nursing Facility Pass Through Accrual .....	9,160,591		9,160,591	7,715,137
2302. Escheatment Liability .....	5,290,099		5,290,099	7,257,848
2303. Guaranty Funds Liability .....	42,638		42,638	71,450
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) .....	14,493,328	0	14,493,328	15,044,435
2501. Health Insurance Industry Fee .....	XXX	XXX		65,637,894
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	XXX	XXX	0	65,637,894
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	1,780,257	1,860,444	3,656,421
2. Net premium income ( including \$ non-health premium income)	XXX	2,083,023,083	2,119,725,143	4,086,835,002
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	0	0
4. Fee-for-service (net of \$ medical expenses)	XXX	0	0	0
5. Risk revenue	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues	XXX	3,214,260	(721,505)	168,753
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	2,086,237,343	2,119,003,638	4,087,003,755
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits	0	1,433,220,360	1,504,081,408	2,903,232,725
10. Other professional services	0	26,932,832	25,557,458	54,247,946
11. Outside referrals	62,482,108	62,482,108	60,057,816	147,078,769
12. Emergency room and out-of-area	2,859,365	46,018,432	32,567,264	64,150,615
13. Prescription drugs	0	167,833,644	174,830,207	306,412,149
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	(13,401,664)	(15,756,160)	(29,092,579)
16. Subtotal (Lines 9 to 15)	65,341,473	1,723,085,712	1,781,337,993	3,446,029,625
<b>Less:</b>				
17. Net reinsurance recoveries	0	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	65,341,473	1,723,085,712	1,781,337,993	3,446,029,625
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$ 110,331,367 cost containment expenses	132,008,196	132,008,196	117,147,041	257,823,958
21. General administrative expenses	0	233,679,580	189,594,829	347,557,822
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)	0	(21,212,430)	(17,505,883)	(1,399,698)
23. Total underwriting deductions (Lines 18 through 22)	197,349,669	2,067,561,058	2,070,573,980	4,050,011,707
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	18,676,285	48,429,658	36,992,048
25. Net investment income earned	0	15,269,005	10,563,721	22,100,527
26. Net realized capital gains (losses) less capital gains tax of \$ 16,039	0	(216,820)	(142,783)	(575,127)
27. Net investment gains (losses) (Lines 25 plus 26)	0	15,052,185	10,420,938	21,525,400
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ 599,760 )]	0	(599,760)	(2,952,348)	(4,076,688)
29. Aggregate write-ins for other income or expenses	0	(52,000)	(51,123)	(202,074)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	33,076,710	55,847,125	54,238,686
31. Federal and foreign income taxes incurred	XXX	10,854,180	18,287,205	21,409,781
32. Net income (loss) (Lines 30 minus 31)	XXX	22,222,530	37,559,920	32,828,905
<b>DETAILS OF WRITE-INS</b>				
0601. Health Industry Fee Recoupment	XXX	3,330,496	(702,993)	179,095
0602. Escheatment/Unclaimed Property	XXX	(111,765)	0	323
0603. Living Well Premiums	XXX	(4,471)	(18,512)	(8,785)
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	(1,880)
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	3,214,260	(721,505)	168,753
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Fines and Penalties		(52,000)	(51,123)	(202,074)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	(52,000)	(51,123)	(202,074)

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	550,720,910	516,779,167	516,779,167
34. Net income or (loss) from Line 32.....	22,222,530	37,559,920	32,828,905
35. Change in valuation basis of aggregate policy and claim reserves.....	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$..... (2,774)	(451,091)	525,725	741,387
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0	0
38. Change in net deferred income tax.....	(678,185)	(1,464,822)	(5,994,285)
39. Change in nonadmitted assets.....	13,328,803	5,256,673	6,365,736
40. Change in unauthorized and certified reinsurance.....	0	0	0
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Capital Changes:			
44.1 Paid in.....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in.....	0	0	0
45.2 Transferred to capital (Stock Dividend).....	0	0	0
45.3 Transferred from capital.....	0	0	0
46. Dividends to stockholders.....	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	34,422,057	41,877,496	33,941,743
49. Capital and surplus end of reporting period (Line 33 plus 48)	585,142,967	558,656,663	550,720,910
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF JUNE 30, 2018 OF THE HealthSpring Life & Health Insurance Company, Inc.

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	2,246,800,559	2,213,545,577	4,172,618,936
2. Net investment income .....	13,986,019	12,770,018	25,545,542
3. Miscellaneous income .....	(430,770)	6,563,374	8,606,865
4. Total (Lines 1 to 3) .....	2,260,355,808	2,232,878,969	4,206,771,343
5. Benefit and loss related payments .....	1,732,044,143	1,862,750,407	3,527,386,092
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	240,352,127	130,977,976	470,396,036
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses) .....	(14,972,297)	(98,000)	34,248,335
10. Total (Lines 5 through 9) .....	1,957,423,973	1,993,630,383	4,032,030,463
11. Net cash from operations (Line 4 minus Line 10) .....	302,931,835	239,248,586	174,740,880
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	32,512,720	57,633,673	94,246,546
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	909	(5,823)	(8,580)
12.7 Miscellaneous proceeds .....	15,164,143	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	47,677,772	57,627,850	94,237,966
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	249,561,633	24,740,650	147,424,607
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	69,680
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	249,561,633	24,740,650	147,494,287
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(201,883,861)	32,887,200	(53,256,321)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	339	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	32,090,314	(27,835,413)	(15,862,957)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	32,090,314	(27,835,074)	(15,862,957)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	133,138,288	244,300,712	105,621,602
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	248,349,260	142,727,658	142,727,658
19.2 End of period (Line 18 plus Line 19.1) .....	381,487,548	387,028,370	248,349,260
<b>Note: Supplemental disclosures of cash flow information for non-cash transactions:</b>			
20.0001. Non-cash transactions - Bonds Disposed .....	28,652,924	3,085,140	6,168,713
20.0002. Non-cash transactions - Bonds Acquired .....	28,652,924	3,085,140	6,168,713

STATEMENT AS OF JUNE 30, 2018 OF THE HealthSpring Life & Health Insurance Company, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	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							
<b>Total Members at end of:</b>										
1. Prior Year .....	299,563							244,590	54,973	
2. First Quarter .....	296,398	0	0	0	0	0	0	245,061	51,337	0
3. Second Quarter .....	296,724							245,276	51,448	
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	1,780,257							1,471,594	308,663	
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician .....	4,723,890							2,747,548	1,976,342	
8. Non-Physician .....	1,238,464							923,248	315,216	
9. Total	5,962,354	0	0	0	0	0	0	3,670,796	2,291,558	0
10. Hospital Patient Days Incurred	210,520							193,979	16,541	
11. Number of Inpatient Admissions	32,676							29,674	3,002	
12. Health Premiums Written (a) .....	2,083,023,083							1,624,411,730	458,612,409	(1,056)
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	2,093,263,234							1,629,192,736	464,071,554	(1,056)
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services.....	1,732,044,143							1,283,614,347	449,098,058	(668,262)
18. Amount Incurred for Provision of Health Care Services	1,723,085,712							1,280,226,208	443,481,313	(621,809)

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....1,624,410,674



**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					0	
2. Medicare Supplement .....					0	
3. Dental Only .....					0	
4. Vision Only .....					0	
5. Federal Employees Health Benefits Plan .....					0	
6. Title XVIII - Medicare .....	135,193,224	1,165,474,222	28,444,484	215,610,825	163,637,708	225,173,035
7. Title XIX - Medicaid .....	47,445,120	403,137,312	5,434,827	55,853,546	52,879,947	67,756,373
8. Other health .....	572,873	(1,241,135)	6,090,419	74,491	6,663,292	6,105,500
9. Health subtotal (Lines 1 to 8) .....	183,211,217	1,567,370,399	39,969,730	271,538,862	223,180,947	299,034,908
10. Healthcare receivables (a) .....	28,690,320	7,628,694		71,062,532	28,690,320	80,813,621
11. Other non-health .....					0	
12. Medical incentive pools and bonus amounts .....	6,901,387	(25,438,861)	13,421,918	14,585,966	20,323,305	22,872,076
13. Totals (Lines 9-10+11+12)	161,422,284	1,534,302,844	53,391,648	215,062,296	214,813,932	241,093,363

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies and Going Concern

#### *Proposed Acquisition of Express Scripts*

On March 8, 2018, the Company's ultimate parent entity, Cigna Corporation (Cigna), entered into an Agreement and Plan of Merger with Express Scripts Holding Company ("Express Scripts") whereby, subject to certain terms and conditions, Cigna will acquire Express Scripts. Consummation of the acquisition is subject to certain customary conditions, including approval of both Cigna and Express Scripts shareholders, the receipt of certain necessary regulatory approvals and the absence of a legal restraint prohibiting the consummation of the merger. The merger is expected to be completed by December 31, 2018.

#### *Health Care Reform Act Taxes and Fees*

Federal legislation imposed a moratorium on the health insurance industry tax for 2017 and 2019. The industry tax is being assessed in 2018 and, under current law, will be imposed in 2020. The industry tax for the Company in 2018 is expected to approximate \$63.2 million and was recorded at first quarter and adjusted at second quarter. Because this tax is not deductible for federal income tax purposes, it negatively impacted the Company's effective tax rate for the six months ended June 30, 2018, and the Company expects this negative effect to continue throughout 2018.

#### A. Accounting Practices

The financial statements of HealthSpring Life & Health Insurance Company, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Texas Department of Insurance (the Department).

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Texas for determining and reporting the financial condition and results of operations of a Health Maintenance Organization (HMO) for determining solvency under Texas Insurance Law. The National Association of Insurance Commissioners' (the NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Texas. While the Department has adopted certain prescribed accounting practices that differ from those found in NAIC SAP, the Company's financials were not affected by those differences in 2018 or 2017.

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

<u>NET INCOME</u>	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2018</u>	<u>2017</u>
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 22,222,530	\$ 32,828,905
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: None	-	-	-	-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP: None	-	-	-	-	-
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 22,222,530</u>	<u>\$ 32,828,905</u>
 <u>SURPLUS</u>					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 585,142,967	\$ 550,720,910
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: Receivable from parent & affiliates	20, 21	2	23	-	(13,815,240)
(7) State Permitted Practices that increase/(decrease) NAIC SAP: None	-	-	-	-	-
(8) Surplus per NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 585,142,967</u>	<u>\$ 564,536,150</u>

#### B. Use of Estimates in the Preparation of the Financial Statements

No change from 2017 Annual Statement.

## NOTES TO FINANCIAL STATEMENTS

- C. Accounting Policies
  - No change from 2017 Annual Statement.
- D. Going Concern - Not applicable
- 2. Accounting Changes and Corrections of Errors
  - A. Material Changes in Accounting Principles and/or Correction of Errors – None
  - B. Corrections of Errors – None
- 3. Business Combinations and Goodwill
  - A. Statutory Purchase Method – not applicable.
  - B. Statutory Merger
    - 1. Effective January 31, 2018, the Company and HealthSpring of Alabama, Inc. (HSAL), an Alabama domiciled insurance company, were merged with the Company becoming the surviving entity.  
  
Effective February 28, 2018, the Company and HealthSpring of Tennessee, Inc. (HSTN), a Tennessee domiciled insurance company, were merged with the Company becoming the surviving entity.
    - 2. The transactions were accounted for as a statutory merger between entities under common control. Assets and liabilities transferred between entities under common control are accounted for at historical cost.
    - 3. Each share of capital stock of HSAL (no par value) and HSTN (\$5 par value per share), whether issued, outstanding or held in treasury, was canceled upon the effectiveness of the merger. The outstanding capital stock of HSLH as of June 30, 2018, consists of 2,500,000 shares of common stock (\$1 par value per share).
    - 4. As the mergers were effective on or before March 31, 2018, the pre-merger revenue, net income, and surplus and surplus adjustments for HSAL, HSTN and the Company are not presented. The accompanying financial statements were adjusted to include the financial position, operating results and cash flows of HSAL and HSTN for all periods presented.  
  
In accordance with SSAP No. 68, *Business Combinations and Goodwill*, amounts in the statutory financial statements and accompanying notes have been restated as if the merger had occurred January 1, 2017. The merger resulted in an increase in unassigned surplus of \$195,614,091 as of December 31, 2017.
    - 5. No adjustments were made directly to surplus as all companies prepared statutory basis financial statements previously.
  - C. Assumption Reinsurance – not applicable
  - D. Impairment Loss – not applicable
- 4. Discontinued Operations
  - A. Discontinued Operation Disposed of or Classified as Held for Sale – not applicable
  - B. Change in Plan of Sale of Discontinued Operation – not applicable
  - C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal – not applicable
  - D. Equity Interest Retained in the Discontinued Operation After Disposal – not applicable

**NOTES TO FINANCIAL STATEMENTS**

5. Investments
- A. Mortgage Loans, including Mezzanine Real Estate Loans – not applicable
- B. Debt Restructuring – not applicable
- C. Reverse Mortgages – not applicable
- D. Loan-Backed Securities
1. Prepayment assumptions for loan-backed securities and other structured securities were obtained from external financial data sources. These assumptions are consistent with the current interest rate and economic environment.
  2. The Company had no loan-backed and structured securities with recognized other-than-temporary impairments where the Company had the intent to sell or does not have the intent and ability to retain the investment for a period of time sufficient to recover the amortized cost basis as of June 30, 2018.
  3. The Company had no loan-backed and structured securities with recognized other-than-temporary impairments where the present value of cash flow expected to be collected is less than the amortized cost basis as of June 30, 2018.
  4. As of June 30, 2018, loan-backed and structured securities with a decline in fair value from amortized cost were as follows, including the length of time of such decline:
    - a. The aggregate amount of unrealized losses:
 

1. Less than 12 months:	\$	32,939
2. 12 months or longer:	\$	–
    - b. The aggregate related fair value of securities with unrealized losses:
 

1. Less than 12 months:	\$	2,278,712
2. 12 months or longer:	\$	–
  5. Management reviews loan-backed and other structured securities with a decline in fair value from cost for impairment based on criteria that include:
    - Length of time and severity of decline;
    - Financial and specific near term prospects of the issuer;
    - Changes in the regulatory, economic or general market environment of the issuer's industry or geographic region; and
    - The Company's intent to sell or the inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost.

Based on this review, management believes the unrealized depreciation on loan-backed securities to be temporary and, therefore, has not impaired these amounts.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – not applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – not applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – not applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale – not applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – not applicable
- J. Real Estate – not applicable
- K. Investments in Low Income Housing Tax Credits – not applicable

**NOTES TO FINANCIAL STATEMENTS**

## L. Restricted Assets

## (1) Restricted Assets (Including Pledged)

The Company has restricted assets on deposit with various regulatory agencies for the projection or benefit of enrolled members at June 30, 2018 and December 31, 2017. These amounts are reflected as bonds in the accompanying Balance Sheets. The following table presents the restricted assets as a percentage of total gross assets and total admitted assets.

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	-	-
b. Collateral held under security lending agreements	-	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted as to sale	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	16,351,531	16,479,005	(127,474)	-	16,351,531	1.1%	1.1%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-	-
o. Total Restricted Assets	\$ 16,351,531	\$ 16,479,005	\$ (127,474)	\$ -	\$ 16,351,531	1.1%	1.1%

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) – not applicable

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate) – not applicable

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – not applicable

M. Working Capital Finance Investments – none

N. Offsetting and Netting of Assets and Liabilities – none

O. Structured Notes – none

P. 5\* Securities – none

Q. Short Sales – none

R. Prepayment Penalty and Acceleration Fees – none

## 6. Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships and Limited Liability Companies – not applicable

**NOTES TO FINANCIAL STATEMENTS**

- B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies – not applicable
7. Investment Income
- A. Any investment income due and accrued with amounts that are over 90 days past due are nonadmitted and excluded from surplus.
- B. As of June 30, 2018 and December 31, 2017, the Company had no investment income due and accrued with admitted amounts that are over 90 days past due.
8. Derivative Instruments
- A. Market Risk, Credit Risk, and Cash Requirements for Derivatives – not applicable
- B. Objectives for the Use of Derivatives – not applicable
- C. Description of Accounting Policies for Derivatives – not applicable
- D & E . Net Gain or Loss from Derivatives – not applicable
- F. Cash Flow Hedges – not applicable
9. Income Taxes
- No change from the 2017 Annual Statement
10. Information Concerning Parent, Subsidiaries and Affiliates

## A. B. and C.

As of June 30, 2018 and December, 31 2017, the Company did not pay any dividends and no capital contributions were received.

The Company has entered into a line of credit agreement with Cigna under which the Company may lend up to \$30,000,000. The following table provides information about the loan as of June 30, 2018 and December 31, 2017.

	<u>2018</u>		<u>2017</u>
Outstanding receivable balance \$	–	\$	–
Outstanding interest receivable	–		–
Interest Income	1,858		–
Average yearly interest rate	2.230%		0.0000%

The Company has entered into a line of credit agreement with Cigna Holdings, Inc. under which the Company may borrow up to \$30,000,000. The following table provides information about the borrowing as of June 30, 2018 and December 31, 2017.

	<u>2018</u>		<u>2017</u>
Outstanding payable balance \$	–	\$	–
Outstanding interest payable	–		–
Interest expense	–		12,926
Average yearly interest rate	0.000%		1.2183%

- D. At June 30, 2018 and December 31, 2017, respectively, the Company reported \$111,120,919 and \$99,457,105 as the net amounts due to the parent, subsidiaries and affiliates. These amounts are settled periodically, usually monthly.
- E. Guarantees Resulting in a Material Contingent Exposure – not applicable
- F. Management Services Agreement

Fee Sharing Agreement (the Agreement) - Several of Cigna’s subsidiaries are subject to the Health Insurance Providers Fee, “the Fee”, which is imposed on each covered entity engaged in the business of providing health insurance for any United States health risk. Such entities,

## NOTES TO FINANCIAL STATEMENTS

along with Cigna, are collectively treated as a single “covered entity” as that term is defined in Section 9010(c) and Treas. Reg. § 57.2(b). By entering into this Agreement, each Party has consented to select Cigna as its “designated entity” for the payment of this Fee. The Agreement allows Cigna to pay each year to the Treasury the Fee owed collectively by all covered entities in the group, and to perform all necessary and appropriate actions that may be required to fulfill Cigna's responsibilities as the designated entity. This Agreement further allows Cigna to delegate to a wholly owned subsidiary the authority to perform these actions on Cigna's behalf. For financial management and reporting purposes, Cigna and the Parties will allocate the Fee for each Fee Year among the Parties in proportion to estimates of each Party's Premiums for that Fee Year. This Agreement was submitted for Department approval/non-disapproval, and the Company's participation in the Agreement became effective on August 11, 2014.

The Company has contracted for managerial, administrative, and financial support services through an administrative service contract based on a percentage of premium revenue with HealthSpring Management of America, LLC (HSMA). The Company paid approximately \$259,721,653 and \$235,467,501 in 2018 and 2017, respectively, in exchange for these services. In 2017 the Company also paid \$200,148,148 and \$80,225,499 to affiliated companies for similar services for HSTN and HSAL, respectively. Under the same agreement, the Company contracted with HSMA to provide disease management services related to the implementation and operation of the Internal Disease Management Program. The Company paid approximately \$28,717,885 and \$50,619,339 in 2018 and 2017, respectively.

The Company has contracted with Cigna Investment, Inc. (CII) for investment advisory services. The Company and CII are indirect subsidiaries of Cigna Holdings, Inc., which is a direct wholly-owned subsidiary of Cigna. The Company paid \$544,198 and \$1,188,362 in 2018 and 2017, respectively, for these services.

Cigna's indirectly wholly-owned domestic subsidiary insurance companies have entered into a Consolidated Federal Income Tax Agreement (Tax Agreement), which became effective as of April 1, 1982. The Agreement sets forth the method of allocation of federal income taxes for Cigna and its wholly-owned domestic subsidiaries, including insurance subsidiaries. The Agreement provides for immediate reimbursement to companies with net operating losses to the extent that their losses are used to reduce consolidated taxable income; while those companies with current taxable income as calculated under federal separate return provisions, are liable for payment determined as if they had each filed a separate return. However, current credit is given for any foreign tax credit, operating loss or investment tax credit carryovers actually used in the current consolidated return. The Company participates as a party to the agreement and had \$7,304,905 and \$33,147,421 recoverable under the agreement as of June 30, 2018 and December 31, 2017, respectively.

The Company is a party to an Expense Sharing Agreement between Cigna and various affiliates and subsidiaries. With the exception of a limited number of expenses held at the corporate level such as expenses relating to investments, the servicing of debt, and stock compensation as calculated under SFAS No. 123R, all operating expenses of Cigna were allocated. These allocations were based on work effort studies and other appropriate methods, while other expenses such as outside legal fees were directly charged to the related company. Cigna did not allocate any corporate overhead expenses to the Company in 2018 or 2017.

The Company, CII and certain of its affiliates are parties to an investment pool agreement which provides for participation in a pool of short-term investments to facilitate effective cash management. There are no fees separately assessed related to this agreement.

The Company is party to the Network Access Agreement, as amended, entered into among health plan subsidiaries of Cigna Corporation and Connecticut General Life Insurance Company (CGLIC). The purpose of the agreement is to allow parties to access provider networks of CGLIC and other health plan affiliates that are also a party to the agreement. The Company's participation in the agreement was approved by the Department. As the Company is not currently utilizing the Network Access Agreement, there are no fees assessed related to this agreement.

The Company is party to the Intercompany Services Agreement by and among Connecticut General Life Insurance Company, Cigna Health Corporation on behalf of its health plan subsidiaries, and Cigna Health Management, Inc. for the provision of administrative services from Cigna Health Management, Inc. including the Health Information Line service for

## NOTES TO FINANCIAL STATEMENTS

which the Company pays a capitated fee per member per month for claims related to such service. This agreement was approved by and remains on file with the Department.

The Company entered into the Pharmacy Rebate Affiliate Agreement amongst affiliates for the allocation or rebate payments received pursuant to agreements with drug manufacturers in connection with its Medicare Advantage Part D business.

### G. Ownership

All outstanding shares of the Company are owned by NewQuest, LLC, a limited liability company domiciled in the state of Texas, which is a wholly owned subsidiary of HealthSpring, Inc., a Delaware corporation, which is an indirect wholly-owned subsidiary of Cigna. The Cigna organizational structure is documented in Schedule Y.

H. Upstream Intermediate Entity – not applicable

I. Investment in SCA Entity that Exceeds 10% of Admitted Assets – not applicable

J. Investments in Impaired SCA's – not applicable

K. Investments in Foreign Insurance Subsidiaries – not applicable

L. Investment in a Downstream Non-Insurance Holding Company – not applicable

M. Investment in SCA – not applicable

N. Investment in Insurance – not applicable

### 11. Debt

#### A. Debt and Capital Notes

The Company had no capital notes outstanding at June 30, 2018 and December 31, 2017.

The Company had no external borrowed money outstanding at June 30, 2018 and December 31, 2017.

The Company has entered into a line of credit agreement with Cigna Holdings, Inc. under which the Company may borrow up to \$30,000,000. The following table provides information about the borrowing as of June 30, 2018 and December 31, 2017.

	<u>2018</u>	<u>2017</u>
Outstanding payable balance	\$ –	\$ –
Outstanding interest payable	–	–
Interest expense	–	12,926
Average yearly interest rate	0.000%	1.2183%

B. FHLB Agreements – not applicable

### 12. Retirement Plans, Deferred Compensation, Post-Employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan – not applicable

B. Investment Policies and Strategies for Plan Assets – not applicable

C. Fair Value Measurement of Plan Assets – not applicable

D. Rate of Return on Plan Assets – not applicable

E. Defined Contribution Plan – not applicable

F. Multi-Employer Plan – not applicable

G. Consolidated/Holding Company Plans – not applicable

## NOTES TO FINANCIAL STATEMENTS

- H. Postemployment Benefits and Compensated Absences – not applicable
- I. Impact of Medicare Modernization Act on Postretirement Benefits – not applicable
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
1. The Company has 5,000,000 shares authorized, 2,500,000 shares issued and outstanding of \$1 par value Common Stock, owned entirely by NewQuest, LLC.
  2. The Company has no preferred stock outstanding.
  3. The payment of dividends by the Company to the shareholder is limited and can only be made from earned profits unless prior approval is received from the Department. The maximum amount of dividends that may be paid by insurance companies without prior approval is also subject to restrictions relating to statutory surplus and net income. The maximum ordinary dividend distribution allowed by the Company is \$55,072,091 in 2018. The Company's dividends are noncumulative.

The Company did not pay any dividends in 2018 and 2017.

4. Within the limits of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
5. Restrictions on Unassigned Surplus – none
6. For Mutual Companies, Advances to Surplus Not Repaid – not applicable
7. Stock Held by the Company, Including Stock of Affiliated Companies – not applicable
8. Special Surplus Funds – In December 2015, the federal appropriations legislation imposed a one-year moratorium on ACA Section 9010 insurer fee for 2017, with reinstatement in 2018. The Company had a change in the balance of the special surplus funds of \$(65,637,894) from the prior year due to the ACA insurer fee segregated surplus requirement.
9. Cumulative Unrealized Gains and Losses in Surplus –

Unassigned surplus was decreased by cumulative net unrealized investment losses of \$451,091 at June 30, 2018 and increased by cumulative net unrealized investment gains of \$6,423,387 at December 31, 2017.

### 10. Surplus Note

The Company issued the following surplus note:

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Interest And/Or Principal Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity
2/21/1995	Prime + 1%	\$900,000	\$900,000	\$0	\$0	\$0	n/a

The Company has a \$900,000 surplus note payable (Note) to HealthSpring Management, Inc. (HSMI), which is non-interest bearing and has no stated maturity date. No payment of principal may be made on the Note unless and until the Company has sufficient realized capital and surplus to make such payments. Payment of principal on the Note is subject to prior written approval of the Insurance Commissioner of the State of Tennessee, and is subordinate to all other liabilities of the Company. The surplus note is non-callable by HSMI. The Company did not accrue or pay any interest during 2018 and 2017 as regulatory approval was not sought or obtained.

11. Quasi-Reorganization – not applicable
  12. Date of a Quasi-Reorganization – not applicable
14. Liabilities, Contingencies and Assessments
- A. Contingent Commitments – none

## NOTES TO FINANCIAL STATEMENTS

### B. Assessments

**Penn Treaty.** Cigna and its subsidiaries (including the Company, and collectively known as Cigna) operates in a regulatory environment that may require its participation in assessments under state insurance guaranty association laws. Cigna's exposure to assessments for certain obligations of insolvent insurance companies to policyholders and claimants is based on its share of business written in the relevant jurisdictions.

In first quarter 2017, the Commonwealth Court of Pennsylvania entered an order of liquidation of Penn Treaty Network America Insurance Company, together with its subsidiary American Network Insurance Company (collectively "Penn Treaty", a long-term care insurance carrier), triggering guaranty fund coverage and accrual of a liability. For the year ended December 31, 2017, Cigna recorded in operating expenses approximately \$130 million pre-tax (approximately \$85 million after-tax). As of June 30, 2018, the recorded liability for this assessment was approximately \$ 42,637 . Updates to the amount of the Penn Treaty assessment were not material in 2018. A portion of this assessment is expected to be offset in the future by premium tax credits that will be recognized in the period received.

### C. Gain Contingencies – none

### D. Claims-Related Extra Contractual Obligations – none

### E. Joint and Several Liabilities – none

### F. All Other Liabilities:

#### Litigation and Other Legal Matters:

Cigna and its subsidiaries (including the Company, and collectively known as Cigna) are routinely involved in numerous claims, lawsuits, regulatory audits, investigations and other legal matters arising, for the most part, in the ordinary course of managing a global health services business. Except for the specific matters noted below, Cigna believes that the legal actions, regulatory matters, proceedings and investigations currently pending against it should not have a material adverse effect on Cigna's results of operations, financial condition or liquidity based upon our current knowledge and taking into consideration current accruals. Disputed tax matters arising from audits by the Internal Revenue Service ("IRS") or other state and foreign jurisdictions, including those resulting in litigation, are accounted for under the NAIC's accounting guidance for tax loss contingencies.

Pending litigation and legal or regulatory matters that Cigna has identified with a reasonably possible material loss are described below. When litigation and regulatory matters present loss contingencies that are both probable and estimable, Cigna accrues the estimated loss by a charge to shareholders' net income. The estimated loss is Cigna's best estimate of the probable loss at the time or an amount within a range of estimated losses reflecting the most likely outcome or the minimum amount of the range (if no amount is better than any other estimated amount in the range.) Cigna provides disclosure in the aggregate for material pending litigation and legal or regulatory matters, including accruals, range of loss, or a statement that such information cannot be estimated. Due to numerous uncertain factors presented in these cases, it is not possible to estimate an aggregate range of loss (if any) for these matters at this time. In light of the uncertainties involved in these matters, there is no assurance that their ultimate resolution will not exceed the amounts currently accrued. An adverse outcome in one or more of these matters could be material to Cigna's results of operations, financial condition or liquidity for any particular period.

**Civil Investigative Demand.** The U.S. Department of Justice ("DOJ") is conducting an industry review of Medicare Advantage organizations' risk adjustment practices under Medicare Parts C and D, including medical chart reviews and health exams. Cigna is currently responding to information requests (civil investigative demands) received from the DOJ (U.S. Attorney's Offices for the Eastern District of Pennsylvania and the Southern District of New York). Cigna will continue to cooperate with the DOJ's investigation.

**Litigation related to the Merger with Express Scripts.** Following the announcement of Cigna's Merger Agreement with Express Scripts, putative class action complaints (collectively the "complaints") have been filed against Express Scripts and the Express Scripts board of

## NOTES TO FINANCIAL STATEMENTS

directors. Certain of these complaints also include Cigna as defendant. The complaints allege that the registration statement filed in connection with the Merger (and certain amendments thereto) omitted material information in violation of Sections 14(a) and 20(a) of the Exchange Act, rendering the registration statement false and misleading. Among other remedies, the complaints seek to enjoin the Express Scripts special meeting and the closing of the Merger, as well as damages, costs and attorneys' fees. Cigna believes that the lawsuits are without merit.

**Litigation with Anthem.** In February 2017, Cigna delivered a notice to Anthem terminating the merger agreement, and notifying Anthem that it must pay Cigna the \$1.85 billion reverse termination fee pursuant to the terms of the merger agreement. Also in February 2017, Cigna filed suit against Anthem in the Delaware Court of Chancery (the "Chancery Court") seeking declaratory judgments that the Company's termination of the merger agreement was valid and that Anthem was not permitted to extend the termination date. The complaint also sought payment of the reverse termination fee and additional damages in an amount exceeding \$13 billion, including the lost premium value to Cigna's shareholders caused by Anthem's willful breaches of the merger agreement.

Also in February 2017, Anthem filed a lawsuit in the Chancery Court against Cigna seeking (i) a temporary restraining order to enjoin Cigna from terminating and taking any action contrary to the terms of the merger agreement, (ii) specific performance compelling Cigna to comply with the merger agreement and (iii) damages.

On February 15, 2017, the Chancery Court granted Anthem's motion for a temporary restraining order and temporarily enjoined Cigna from terminating the merger agreement. In May 2017, the Chancery Court denied Anthem's motion for a preliminary injunction to enjoin Cigna from terminating the merger agreement but stayed its ruling pending Anthem's determination as to whether to seek an appeal. Anthem subsequently notified Cigna and the Chancery Court that it did not intend to appeal the Chancery Court's decision. As a result, the merger agreement was terminated.

The litigation between the parties remains pending. Trial is scheduled for 2019. Cigna believes in the merits of its claims and dispute Anthem's claims, and intends to vigorously defend and pursue their claims. The outcomes of lawsuits are inherently unpredictable, and Cigna may be unsuccessful in the ongoing litigation or any future claims or litigation.

**Health Care Regulation.** As a managed care organization, the Company's operations are and will continue to be subject to pervasive federal, state, and local government regulation, which will have a material impact on our operations. The laws and regulations affecting our industry give state and federal regulatory authorities broad discretion in their exercise of supervisory, regulatory, and administrative powers. These laws and regulations are intended primarily for the benefit of members of and providers to the Company. Health care regulation in its various forms could have an adverse effect on Company's health care operations if it inhibits the Company's ability to respond to market demands or results in increased medical or administrative costs without improving the quality of care or services.

**Medicare Star Quality Rates (Star Ratings).** Medicare Advantage plans must have a Star Rating of four Stars or higher to qualify for bonus payments. Cigna expects that approximately 60% of our Medicare Advantage customers will be in a four Star or greater plan for bonus payments to be received in 2018. We expect that approximately 70% of our Medicare Advantage customers will be in a four Star or greater plan for bonus payments to be received in 2019.

G. Uncollectible Amounts - none

15. Leases

A. Lessee Operating Leases – none

B. Lessor Leases – none

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

1. Financial Instruments with Off-Balance Sheet Risk – not applicable

2. Nature and Terms of Financial Instruments with Off-Balance Sheet Risk – not applicable

## NOTES TO FINANCIAL STATEMENTS

3. Amount of Loss – not applicable
4. Policy for Requiring Collateral – not applicable
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
  - A. Transfer of Receivables Reported as Sales – not applicable
  - B. Transfer and Servicing of Financial Assets – not applicable
  - C. Wash Sales – none
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
  - A. ASO Plans – not applicable
  - B. ASC Plans – not applicable
  - C. Medicare or Similarly Structured Cost Based Reimbursement Contracts – not applicable
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators  
Not applicable
20. Fair Value Measurements

### A. Fair Value Measurements

Fair value is defined as the price at which an asset could be exchanged in an orderly transaction between market participants at the balance sheet date. The Company's financial assets have been classified based upon a hierarchy defined by SAP. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a financial asset or liability carried at fair value would be classified in Level 3 if unobservable inputs were significant to the instrument's fair value, even though the measurement may be derived using inputs that are both observable (Levels 1 and 2) and unobservable (Level 3).

Updates to SSAP 100 that became effective on January 1, 2018 allow the use of net asset value (NAV) as a practical expedient to fair value for investments in investment companies where there is no readily determinable fair value. There were no such investments owned by the Company for either period presented.

- |         |  |
|---------|--|
| Level 1 | Inputs for instruments classified in Level 1 include unadjusted quoted prices for identical assets in active markets accessible at the measurement date. Active markets provide pricing data for trades occurring at least weekly and include exchanges and dealer markets.  |
| Level 2 | Inputs for instruments classified in Level 2 include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are market observable or can be corroborated by market data for the term of the instrument. Such other inputs include market interest rates and volatilities, spreads and yield curves. An instrument is classified in Level 2 if the Company determines that unobservable inputs are insignificant. Level 2 assets primarily include corporate bonds valued using recent trades of similar securities or pricing models that discount future cash flows at estimated market interest rates. |
| Level 3 | Certain inputs for instruments classified in Level 3 are unobservable (supported by little or no market activity) and significant to their resulting fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.   |

## NOTES TO FINANCIAL STATEMENTS

### 1. Fair Value Measurements at Reporting Date

The Company carries certain financial instruments at fair value in the financial statements including bonds valued at the lower of cost or fair value when reported at fair value at the balance sheet date.

The following tables provide information about the Company's financial instruments carried at fair value as of June 30, 2018 and December 31, 2017.

Financial Assets at Fair Value	Quoted Prices in			Total	Net Asset Value (NAV) Included in Level 2
	Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)		
<b>June 30, 2018</b>					
Bonds	\$ -	\$ 24,149,461	\$ 3,929,849	\$ 28,079,310	\$ -
<b>December 31, 2017</b>					
Bonds	\$ -	\$ 12,498,695	\$ 4,346,597	\$ 16,845,292	\$ -

There were no significant transfers between Levels 1 and 2 as of June 30, 2018. Transfers between levels are assumed to occur at the beginning of the quarter in which they occur.

### 2. Fair Value Measurements in Level 3 of the Fair Value Hierarchy

The following tables summarize the changes in financial instruments classified in Level 3 for the three months and six months ended June 30, 2018 and June 30, 2017. Gains and losses reported in these tables may include net changes in fair value that are attributable to both observable and unobservable inputs.

#### For the Three Months Ended June 30, 2018

Level 3 Financial Assets	Beg Balance 4/1/18	Transfers into Level 3	Transfers out of Level 3	Total gains (losses) included in Net Income	Total gains (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance 6/30/18
Bonds	\$ 3,932,845	\$ -	\$ -	\$ (16,111)	\$ 13,115	\$ -	\$ -	\$ -	\$ -	\$ 3,929,849

#### For the Three Months Ended June 30, 2017

Level 3 Financial Assets	Beg Balance 4/1/17	Transfers into Level 3	Transfers out of Level 3	Total gains (losses) included in Surplus	Total gains (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance 6/30/17
Bonds	\$ 4,722,313	\$ 637,493	\$ -	\$ (22,162)	\$ 38,261	\$ -	\$ -	\$ -	\$ -	\$ 5,375,905

#### For the Six Months Ended June 30, 2018

Level 3 Financial Assets	Beg Balance 1/1/18	Transfers into Level 3	Transfers out of Level 3	Total gains (losses) included in Net Income	Total gains (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance 6/30/18
Bonds	\$ 4,346,597	\$ -	\$ (478,760)	\$ (32,796)	\$ 94,808	\$ -	\$ -	\$ -	\$ -	\$ 3,929,849

#### For the Six Months Ended June 30, 2017

Level 3 Financial Assets	Beg Balance 1/1/17	Transfers into Level 3	Transfers out of Level 3	Total gains (losses) included in Surplus	Total gains (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance 6/30/17
Bonds	\$ 5,742,290	\$ 637,493	\$ (1,434,263)	\$ (40,422)	\$ 470,807	\$ -	\$ -	\$ -	\$ -	\$ 5,375,905

### Level 3 Transfers

Transfers into and out of Level 3 are reported as of the beginning of the quarter in which they occur. Transfers into or out of Level 3 occur when there is a change in the measurement basis in the period for lower-rated bonds valued at the lower of cost or fair value. Transfers into or out of Level 3 may also occur when observable inputs, such as the Company's best estimate of what a market participant would use to determine a current transaction price, become more or less significant to the fair value measurement.

## NOTES TO FINANCIAL STATEMENTS

### 3. Valuation Techniques and Inputs

The Company estimates fair values using prices from third parties or internal pricing methods. Fair value estimates received from third-party pricing services are based on reported trade activity and quoted market prices when available, and other market information that a market participant may use to estimate fair value. Such other inputs include market interest rates and volatilities, spreads, and yield curves. The internal pricing methods are performed by the Company's investment professionals and generally involve using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality, as well as other qualitative factors. In instances where there is little or no market activity for the same or similar instruments, the fair value is estimated using methods, models, and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price.

#### B. Other Fair Value Disclosures

The Company provides additional fair value information in Notes 1 and 5.

#### C. Aggregate Fair Value of All Financial Instruments

The following tables provide the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of June 30, 2018 and December 31, 2017.

Financial Assets	Aggregate Fair Value		Quoted Prices		Significant Unobservable Inputs (Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
			Admitted Assets	in Active Markets for Identical Assets (Level 1)			
<b>June 30, 2018</b>							
Bonds	\$ 828,898,411	\$ 847,588,095	\$ 8,227,920	\$ 814,012,710	\$ 6,657,781	\$ -	\$ -
Cash, Cash Equivalents, and Short-Term Investments	381,487,548	381,487,548	52,081,606	329,405,942	-	-	-
<b>Total</b>	<b>\$ 1,210,385,959</b>	<b>\$ 1,229,075,643</b>	<b>\$ 60,309,526</b>	<b>\$ 1,143,418,652</b>	<b>\$ 6,657,781</b>	<b>\$ -</b>	<b>\$ -</b>
<b>December 31, 2017</b>							
Bonds	\$ 643,905,831	\$ 632,113,934	\$ 8,359,863	\$ 626,289,944	\$ 9,256,024	\$ -	\$ -
Cash, Cash Equivalents, and Short-Term Investments	248,349,259	248,349,259	7,310,938	241,038,321	-	-	-
<b>Total</b>	<b>\$ 892,255,090</b>	<b>\$ 880,463,193</b>	<b>\$ 15,670,801</b>	<b>\$ 867,328,265</b>	<b>\$ 9,256,024</b>	<b>\$ -</b>	<b>\$ -</b>

The following valuation methodologies and significant assumptions are used by the Company to determine fair value for each instrument.

#### Bonds

The methods and significant assumptions used to estimate the fair value of bonds are described in A4 above.

#### Short-Term Investments, Cash Equivalents, and Cash

Short-term investments, cash equivalents, and cash are carried at cost which approximates fair value. Short-term investments and cash equivalents are classified in Level 2, and cash is classified in Level 1.

#### D. Disclosures about Financial Instruments Not Practicable to Estimate Fair Value – None

#### 21. Other Items

A. Unusual or Infrequent Items – none

B. Troubled Debt Restructuring: Debtors – none

## NOTES TO FINANCIAL STATEMENTS

C. Other Disclosures - none

D. Business Interruption Insurance Recoveries – none

E. State Transferable and Non-transferable Tax Credits – none

F. Subprime-Mortgage-Related Risk Exposure

1. The Company did not hold mortgage loans in 2018 and 2017 and, therefore, is not subject to the related risk exposure pertaining to subprime mortgages.
2. Direct Exposure through Investments in Subprime Loans – not applicable
3. Direct Exposure through Other Investments – not applicable
4. Underwriting Exposure to Subprime Mortgage Risk – not applicable

G. Retained Assets – none

H. Insurance-Linked Securities (ILS) Contracts – none

22. Events Subsequent

*Type I – Recognized Subsequent Events:*

The Company is not aware of any Type I events that occurred subsequent to the close of the books or accounts for this statement which would have a material effect on the financial condition of the Company. In preparing these financial statements, the Company evaluated events that occurred between the balance sheet date and August 10, 2018 for the statutory statement filed on August 10, 2018.

*Type II – Nonrecognized Subsequent Events:*

The Company is not aware of any Type II events that occurred subsequent to the close of the books or accounts for this statement which would have a material effect on the financial condition of the Company. Subsequent events have been considered through August 10, 2018 for the statutory statement issued on August 10, 2018.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1- General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee or director of the Company?

Yes ( ) No (X)

(2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes ( ) No (X)

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

## NOTES TO FINANCIAL STATEMENTS

### Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. None.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes ( )      No (X)

B. Uncollectible Reinsurance – none

C. Commutation of Ceded Reinsurance – none

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – none

#### 24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. Method Used to Estimate Accrued Retrospective Premium Adjustments – not applicable

B. Where Accrued Retrospective Premium Adjustments are Recorded – not applicable

C. Amount of Net Written Premiums Subject to Retrospective Rating Features – not applicable

D. Medical loss ratio rebates required pursuant to the Public Health Service Act

On January 1, 2014, the Company became subject to the minimum loss ratio rebate provisions of the Affordable Care Act (ACA). ACA require payment of premium rebates to customers covered under the Company's comprehensive medical insurance if certain annual minimum medical loss ratios are not met. At the close of each quarter, the Company records its rebate accrual based on year-to-date estimated medical loss ratios calculated as prescribed by the interim final rule issued by the Department of Health & Human Services using year-to-date premium and claim information by state and market segment. Since this accrual reflects the amount of rebate that would be payable based on year-to-date estimated medical loss ratios, the amount of rebate will fluctuate as actual claim experience develops each calendar quarter.

The Company accrued an estimated rebate of \$134,322 as of June 30, 2018 and December 31, 2017.

**NOTES TO FINANCIAL STATEMENTS**

	Small Group Large Group			Other	
	Individual	Employer	Employer	Categories	Total
	with Rebates				
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ —	—	—	\$ —	\$ —
(2) Medical loss ratio rebates paid	—	—	—	589,697	589,697
(3) Medical loss ratio rebates unpaid	—	—	—	134,322	134,322
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 134,322
Current Reporting Year-to-date					
(7) Medical loss ratio rebates incurred	\$ —	—	—	\$ —	\$ —
(8) Medical loss ratio rebates paid	—	—	—	—	—
(9) Medical loss ratio rebates unpaid	—	—	—	134,322	134,322
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 134,322

The Company also accrued an estimated rebate of \$3,891,227 and \$2,216,218 as of June 30, 2018 and December 31, 2017, respectively, related to its Medicaid contract in the state of Illinois which has different annual minimum medical loss ratios and medical loss ratio calculations. Since this accrual reflects the amount of rebate that would be payable based on year-to-date estimated medical ratios through June 30, 2019, the amount of the rebate will fluctuate as actual claim experience develops each calendar quarter.

E. Risk Sharing Provisions of the Affordable Care Act – the Company does not write business subject to the Risk Sharing Provisions of the Affordable Care Act.

25. Change in Incurred Claims and Claim Adjustment Expenses

The following table shows the liability for claims unpaid as of December 31, 2017 and amounts paid during the current year on these liabilities. Reserves remaining for prior years result from a re-estimation of unpaid claims and claim adjustment expenses and reflect a favorable/(unfavorable) development since December 31, 2017. This release is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

	Accrued Medical			
	Unpaid Claims	Incentive Pool & Bonus	Healthcare Receivable	Total
12/31/2017 Balance	\$ 299,034,908	\$ 22,872,076	\$ (80,813,621)	\$ 241,093,363
Paid/(Received)	238,608,490	6,901,387	(55,397,273)	190,112,604
Favorable/(Unfavorable) Development	20,456,691	2,548,770	3,273,971	26,279,432
6/30/2018 Balance for 2017 & Prior	\$ 39,969,727	\$ 13,421,919	\$ (28,690,319)	\$ 24,701,327

Changes in unpaid claims adjustment expenses of \$209,173 and \$(2,360,493) for 2018 and 2017, respectively, are included in claim adjustment expenses.

26. Intercompany Pooling Arrangements

A.-G. – none

27. Structured Settlements – not applicable

**NOTES TO FINANCIAL STATEMENTS**

## 28. Health Care Receivables

## A. Pharmaceutical Rebate Receivables

The pharmacy rebates receivables are net of non-admitted receivables. The Company had no non-admitted pharmacy rebates as of June 30, 2018 and had \$560,000 as of December 31, 2017, respectively. The estimated pharmacy rebates are as follows:

Quarter ended	Through June 30, 2018				
	Estimated pharmacy rebates as reported in statutory basis financial statements	Pharmacy rebates as billed	Actual rebates received within 90 days of billing	Actual rebates received within 91 to 180 days of billing	Actual rebates received more than 180 days of billing
June 30, 2018	\$ 48,539,640	\$ 60,671,074	12,917,575	\$ —	\$ —
March 31, 2018	43,060,304	52,147,450	\$ 51,361,309	—	—
December 31, 2017	\$ 42,640,032	\$ 57,371,688	\$ 57,371,016	\$ 672	\$ —
September 30, 2017	43,511,018	56,100,819	56,072,809	28,011	—
June 30, 2017	72,052,188	54,078,905	53,200,034	851,780	27,091
March 31, 2017	55,173,122	55,014,641	54,452,151	17,914	544,576
December 31, 2016	\$ 40,803,894	\$ 39,666,686	\$ 39,650,648	\$ (9,781)	\$ 25,819
September 30, 2016	43,381,097	42,783,682	42,787,894	(11,383)	7,171
June 30, 2016	46,331,055	43,653,712	43,654,761	7,069	(8,117)
March 31, 2016	44,789,037	44,227,727	41,992,248	2,236,683	(1,203)
December 31, 2015	\$ 43,228,332	\$ 41,156,666	\$ 41,146,821	\$ 9,994	\$ (148)
September 30, 2015	43,281,210	41,765,757	40,668,449	964,535	132,773
June 30, 2015	54,261,034	38,026,178	36,116,012	1,762,309	147,857
March 31, 2015	64,760,930	32,633,120	17,167,718	15,355,899	109,503

## B. Risk Sharing Receivables

Calendar Year	Evaluation Period	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Collected in Year Invoiced	Actual Risk Sharing Receivable First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other
2018	2018	\$ —	\$ 22,522,892	\$ —	\$ 22,522,892	\$ —	\$ —	\$ —	\$ —
	2019	xxx	—	xxx	—	xxx	—	xxx	—
2017	2017	\$ 24,657,033	\$ 25,579,015	\$ —	\$ 25,579,015	\$ —	\$ —	\$ —	\$ —
	2018	xxx	—	xxx	—	xxx	—	xxx	—
2016	2016	\$ 22,450,510	\$ —	\$ 27,986,422	\$ —	\$ 27,986,422	\$ —	\$ —	\$ —
	2017	xxx	—	xxx	—	xxx	—	xxx	—

**NOTES TO FINANCIAL STATEMENTS**

## C. Other Healthcare Receivables

Other Healthcare receivables included:

Claims overpayment receivables	\$	1,687,347
Other healthcare receivables		<u>4,191,949</u>
	\$	<u><u>5,879,296</u></u>

29. Participating Policies – none

30. Premium Deficiency Reserves

Premium deficiencies occur when it is probable that expected claims expense (hospital/medical expenses and administrative expenses) will exceed future premiums on existing insurance contracts. For purposes of estimating premium deficiency losses, contracts are grouped in a manner consistent with the Company's method of acquiring, servicing, and measuring the profitability of such contracts. The Company had liabilities of \$4,842,882 and \$26,055,312 at June 30, 2018 and December 31, 2017, respectively, related to premium deficiency reserves on its Medicaid business. The Company did not consider anticipated investment income when calculating its premium deficiency reserves.

1. Liability carried for premium deficiency reserves	\$	4,842,882
2. Date of the most recent evaluation of this liability		June 30, 2018
3. Was anticipated investment income utilized in the calculation?		No

31. Anticipated Salvage and Subrogation – none

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0000701221
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ X ] No [ ]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
HealthSpring of Alabama, Inc. ....	95781	AL
HealthSpring of Tennessee, Inc. ....	11522	TN

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2014
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2014
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 04/25/2016
- 6.4 By what department or departments?  
Texas Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

## GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [  ] No [  ]  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes [  ] No [  ]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [  ] No [  ]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

### FINANCIAL

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

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [  ] No [  ]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....0
13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [  ] No [  ]
- 14.2 If yes, please complete the following:
- |   | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>Carrying Value |
|---|--|---|
| 14.21 Bonds .....   | \$ .....0  | \$ .....0   |
| 14.22 Preferred Stock .....   | \$ .....0  | \$ .....0   |
| 14.23 Common Stock .....  | \$ .....0  | \$ .....0   |
| 14.24 Short-Term Investments .....  | \$ .....0  | \$ .....0   |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....0  | \$ .....0   |
| 14.26 All Other .....   | \$ .....0  | \$ .....0   |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ .....0  | \$ .....0   |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ .....0  | \$ .....0   |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [  ] No [  ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [  ] No [  ]  
 If no, attach a description with this statement.

## GENERAL INTERROGATORIES

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

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

1 Name of Custodian(s)	2 Custodian Address
JPMorgan Chase Bank, N.A. ....	4 Chase MetroTech Center Brooklyn, New York 11245 .....

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

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

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

- 17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
CIGNA Investments, Inc. 900 Cottage Grove Road Bloomfield, CT 06002 .....	A.....

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105811 .....	CIGNA Investments, Inc. ....	Not available .....	Securities & Exchange Commission (SEC) .....	DS.....

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

- 18.2 If no, list exceptions:

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

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

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

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent .....86.6 %
  - 1.2 A&H cost containment percent .....5.3 %
  - 1.3 A&H expense percent excluding cost containment expenses .....12.2 %
- 2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date .....\$.....0
- 2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date .....\$.....0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>NONE</b>								

STATEMENT AS OF JUNE 30, 2018 OF THE HealthSpring Life & Health Insurance Company, Inc.  
**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

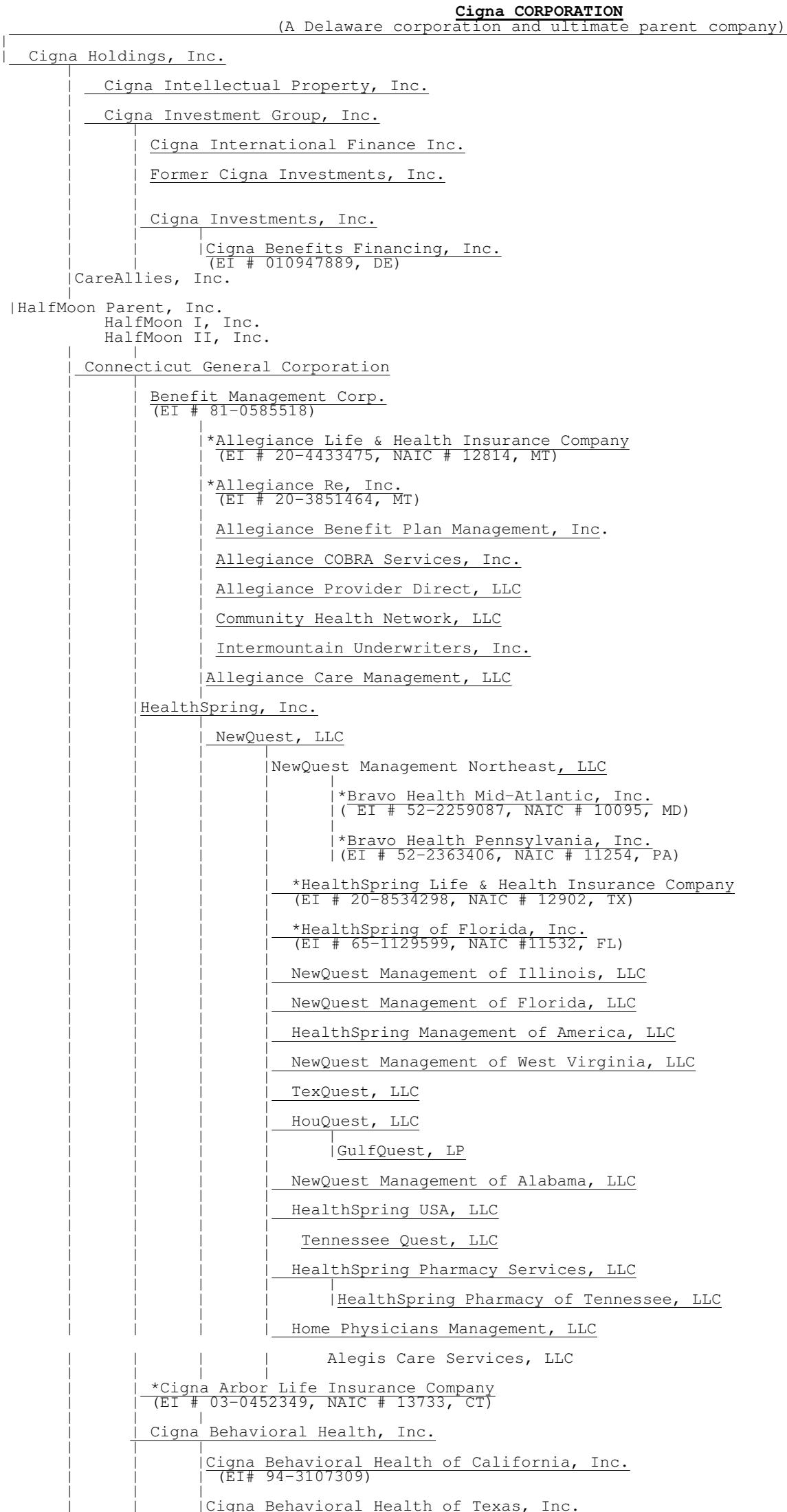
Current Year to Date - Allocated by States and Territories

	1	Direct Business Only							9
		2	3	4	5	6	7	8	
States, etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	L	306,020,069					306,020,069	
2. Alaska	AK	L						0	
3. Arizona	AZ	L						0	
4. Arkansas	AR	L	4,572,093					4,572,093	
5. California	CA	N						0	
6. Colorado	CO	L						0	
7. Connecticut	CT	L						0	
8. Delaware	DE	L						0	
9. District of Columbia	DC	L						0	
10. Florida	FL	L						0	
11. Georgia	GA	L	16,569,416					16,569,416	
12. Hawaii	HI	L						0	
13. Idaho	ID	L						0	
14. Illinois	IL	L	60,703,847	(1,136,531)				59,567,316	
15. Indiana	IN	L						0	
16. Iowa	IA	L						0	
17. Kansas	KS	L						0	
18. Kentucky	KY	L						0	
19. Louisiana	LA	L						0	
20. Maine	ME	L						0	
21. Maryland	MD	L						0	
22. Massachusetts	MA	L						0	
23. Michigan	MI	L						0	
24. Minnesota	MN	L						0	
25. Mississippi	MS	L	58,889,540					58,889,540	
26. Missouri	MO	L						0	
27. Montana	MT	L						0	
28. Nebraska	NE	L						0	
29. Nevada	NV	L						0	
30. New Hampshire	NH	L						0	
31. New Jersey	NJ	L						0	
32. New Mexico	NM	L						0	
33. New York	NY	L						0	
34. North Carolina	NC	L						0	
35. North Dakota	ND	L						0	
36. Ohio	OH	L						0	
37. Oklahoma	OK	L						0	
38. Oregon	OR	L						0	
39. Pennsylvania	PA	L						0	
40. Rhode Island	RI	L						0	
41. South Carolina	SC	L						0	
42. South Dakota	SD	L						0	
43. Tennessee	TN	L	502,413,979					502,413,979	
44. Texas	TX	L	(1,056) 675,242,786	459,748,940				1,134,990,670	
45. Utah	UT	L						0	
46. Vermont	VT	L						0	
47. Virginia	VA	L						0	
48. Washington	WA	L						0	
49. West Virginia	WV	L						0	
50. Wisconsin	WI	L						0	
51. Wyoming	WY	L						0	
52. American Samoa	AS	N						0	
53. Guam	GU	N						0	
54. Puerto Rico	PR	N						0	
55. U.S. Virgin Islands	VI	N						0	
56. Northern Mariana Islands	MP	N						0	
57. Canada	CAN	N						0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0
59. Subtotal	XXX	(1,056)	1,624,411,730	458,612,409	0	0	0	2,083,023,083	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX							0	
61. Totals (Direct Business)	XXX	(1,056)	1,624,411,730	458,612,409	0	0	0	2,083,023,083	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:  
L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....50      R - Registered - Non-domiciled RRGs.....0  
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0      Q - Qualified - Qualified or accredited reinsurer.....0  
N - None of the above - Not allowed to write business in the state.....7

**SCHEDULE Y**  
**PART 1 – ORGANIZATIONAL CHART**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers (identified by an asterisk, and if such insurer is incorporated in the United States of America, by a Federal Employer Identification Number, NAIC Company Code and Jurisdiction of Incorporation) and all other affiliates, as of June 30, 2018:



## SCHEDULE Y

### PART 1 – ORGANIZATIONAL CHART

(EI# 75-2751090)

MCC Independent Practice Association of New York, Inc.Cigna Dental Health, Inc.Cigna Dental Health of California, Inc.  
(EI# 59-2600475, CA)Cigna Dental Health of Colorado, Inc.  
(EI# 59-2675861, NAIC # 11175, CO)Cigna Dental Health of Delaware, Inc.  
(EI# 59-2676987, NAIC # 95380, DE)Cigna Dental Health of Florida, Inc.  
(EI# 59-1611217, NAIC # 52021, FL)Cigna Dental Health of Illinois, Inc.  
(EI# 06-1351097, IL)Cigna Dental Health of Kansas, Inc.  
(EI# 59-2625350, NAIC # 52024, KS)Cigna Dental Health of Kentucky, Inc.  
(EI# 59-2619589, NAIC # 52108, KY)Cigna Dental Health of Missouri, Inc.  
(EI#06-1582068, NAIC # 11160, MO)Cigna Dental Health of New Jersey, Inc.  
(EI# 59-2308062, NAIC # 11167, NJ)Cigna Dental Health of North Carolina, Inc.  
(EI# 56-1803464, NAIC # 95179, NC)Cigna Dental Health of Ohio, Inc.  
(EI# 59-2579774, NAIC # 47805, OH)Cigna Dental Health of Pennsylvania, Inc.  
(EI# 52-1220578, NAIC # 47041, PA)Cigna Dental Health of Texas, Inc.  
(EI# 59-2676977, NAIC # 95037, TX)Cigna Dental Health of Virginia, Inc.  
(EI# 52-2188914, NAIC # 52617, VA)Cigna Dental Health Plan of Arizona, Inc.  
(EI# 86-0807222, NAIC # 47013, AZ)Cigna Dental Health of Maryland, Inc.  
(EI#20-2844020, NAIC #48119, MD)Cigna Health CorporationHealthsource, Inc.Cigna HealthCare of Arizona, Inc.  
(EI# 86-0334392, NAIC#95125, AZ)Cigna HealthCare of California, Inc.  
(EI# 95-3310115, CA)Cigna HealthCare of Colorado, Inc.  
(EI# 84-1004500, NAIC # 95604, CO)Cigna HealthCare of Connecticut, Inc.  
(EI# 06-1141174, NAIC # 95660, CT)Cigna HealthCare of Florida, Inc.  
(EI# 59-2089259, NAIC # 95136, FL)Cigna HealthCare of Illinois, Inc.  
(EI# 36-3385638, NAIC # 95602, IL)Cigna HealthCare of Maine, Inc.  
(EI# 01-0418220, NAIC # 95447, ME)Cigna HealthCare of Massachusetts, Inc.  
(EI# 02-0402111, NAIC # 95220, MA)Cigna HealthCare Mid-Atlantic, Inc.  
(EI# 52-1404350, NAIC # 95599, MD)Cigna HealthCare of New Hampshire, Inc.  
(EI# 02-0387749, NAIC # 95493, NH)Cigna HealthCare of New Jersey, Inc.  
(EI# 22-2720890, NAIC # 95500, NJ)Cigna HealthCare of Pennsylvania, Inc.  
(EI# 23-2301807, NAIC # 95121, PA)Cigna HealthCare of St. Louis, Inc.  
(EI# 36-3359925, NAIC # 95635, MO)Cigna HealthCare of Utah, Inc.  
(EI# 62-1230908, NAIC # 95518, UT)Cigna HealthCare of Georgia, Inc.  
(EI# 58-1641057, NAIC # 96229, GA)Cigna HealthCare of Texas, Inc.  
(EI# 74-2767437, NAIC # 95383, TX)Cigna HealthCare of Indiana, Inc.  
(EI# 35-1679172, NAIC # 95525, IN)

## SCHEDULE Y

### PART 1 – ORGANIZATIONAL CHART

	<u>Cigna HealthCare of Tennessee, Inc.</u> (EI# 62-1218053, NAIC # 95606, TN)
	<u>Cigna HealthCare of North Carolina, Inc.</u> (EI# 56-1479515, NAIC# 95132, NC)
	<u>Cigna HealthCare of South Carolina, Inc.</u> (EI# 06-1185590, NAIC # 95708, SC)
	<u>*Temple Insurance Company Limited</u>
	<u>Arizona Health Plan, Inc.</u>
	<u>Healthsource Properties, Inc.</u>
	<u>Managed Care Consultants, Inc.</u>
	<u>Cigna Benefit Technology Solutions, Inc.</u>
	<u>Sagamore Health Network, Inc.</u>
	<u>Cigna Healthcare Holdings, Inc.</u> (EI# 84-0985843)
	<u>Great-West Healthcare of Illinois, Inc.</u> (EI# 93-1174749, NAIC 95388, IL)
	<u>Cigna Healthcare, Inc.</u>
	<u>*Cigna Life Insurance Company of New York</u> (EI# 13-2556568, NAIC # 64548, NY)
	<u>*Connecticut General Life Insurance Company</u> (EI# 06-0303370, NAIC # 62308, CT)
	<u>CG Mystic Center LLC</u>
	<u>Station Landing LLC</u>
	<u>CG Mystic Land LLC</u>
	<u>CG Skyline, LLC</u>
	<u>Careallies, LLC</u>
	<u>Cigna Onsite Health, LLC</u>
	<u>Gillette Ridge Community Council, Inc.</u>
	<u>Gillette Ridge Golf LLC</u>
	<u>Hazard Center Investment Company LLC</u>
	<u>Tel-Drug of Pennsylvania, LLC</u>
	<u>GRG Acquisitions LLC</u>
	<u>Cigna Affiliates Realty Investment Group, LLC</u> (EI# 27-5402196, DE)
	<u>CR Longwood Investors, LP</u>
	<u>ND/CR Longwood LLC</u>
	<u>ARE/ND/CR Longwood LLC</u>
	<u>Seco Properties, LP</u>
	<u>Transwestern Federal Holdings, L.L.C.</u>
	<u>Transwestern Federal, L.L.C.</u>
	<u>Market Street Residential Holdings LLC</u>
	<u>Arborpoint at Market Street LLC</u>
	<u>Diamondview Tower CM-CG LLC</u>
	<u>CR Washington Street Investors LP</u>
	<u>Dulles Town Center Mall, LLC</u>
	<u>ND/CR Unicorn LLC</u>
	<u>AMD Apartments Limited Partnership</u>
	<u>PUR Arbors Apartments Venture LLC</u>
	<u>CG Seventh Street, LLC</u>
	<u>Ideal Properties II LLC</u>
	<u>Mallory Square Partners I, LLC</u>
	<u>Houston Briar Forest Apartments Limited Partnership</u>
	<u>Newtown Partners II, LP</u>
	<u>Newtown Square GP LLC</u>
	<u>SB-SNH LLC</u>

## SCHEDULE Y

### PART 1 – ORGANIZATIONAL CHART

				<u>680 Investors LLC</u>
				<u>685 New Hampshire LLC</u>
				<u>CGGL 18301 LLC</u>
				<u>222 Main Street Caring GP LLC</u>
				<u>222 Main Street Investors LP</u>
				<u>Notch 8 Residential, L.L.C.</u>
				<u>UVL, LLC</u>
				<u>3601 North Fairfax Drive Associates, LLC</u>
				<u>CI Perris 151, LLC</u>
				<u>Lakehills CM - CG LLC</u>
				<u>Affiliated Hotel Subsidiary LLC</u>
				<u>CGGL 6280 LLC</u>
				<u>Berewick Apartments LLC</u>
				<u>CIG-LEI Ygnacio Associates LLC</u>
				<u>CGGL Orange Collection LLC</u>
				<u>CGGL Chapman LLC</u>
				<u>CGGL City Parkway LLC</u>
				<u>Heights at Bear Creek Venture LLC</u>
				<u>SOMA Apartments Venture LLC</u>
				<u>Arbor Heights Venture LLC</u>
				<u>CG/Wood ALTA 601, LLC</u>
				<u>CPI-III 9171 Wilshire JV LLC</u>
				<u>9171 Wilshire CPI-CII LLC</u>
				<u>CORAC LLC</u>
				<u>Henry on the Park Associates, LLC</u> (EI 27-3582688, DE)
				* <u>Cigna Health and Life Insurance Company</u> (EI # 59-1031071, NAIC # 67369, CT)
				<u>CarePlexus, LLC</u> (EI# 45-2681649; DE)
				<u>Cigna Corporate Services, LLC</u> (EI 27-3396038, DE)
				<u>Cigna Insurance Agency, LLC</u> (EI # 27-1903785, CT)
				<u>Ceres Sales of Ohio, LLC</u> (EI # 34-1970892, OH)
				<u>Cigna National Health Insurance Company</u> (EI # 34-0970995, NAIC # 61727, OH)
				<u>Provident American Life &amp; Health Insurance Company</u> (EI # 23-1335885, NAIC # 67903, OH)
				<u>United Benefit Life Insurance Company</u> (EI # 75-2305400, NAIC # 65269, OH)
				<u>Loyal American Life Insurance Company</u> (EI # 63-0343428, NAIC # 65722, OH)
				<u>American Retirement Life Insurance Company</u> (EI # 59-2760189, NAIC # 88366, OH)
				<u>QualCare Alliance Networks, Inc.</u>
				<u>QualCare, Inc.</u>
				<u>Scibal Associates, Inc.</u>
				<u>QualCare Captive Insurance Company Inc., PCC</u>
				<u>QualCare Management Resources Limited Liability Company</u>
				<u>Health-Lynx, LLC</u>
				<u>Sterling Life Insurance Company</u> (EI # 13-1867829, NAIC # 77399, IL)
				<u>Olympic Health Management Systems, Inc.</u>
				<u>Olympic Health Management Services, Inc.</u>
				<u>WorldDoc, Inc.</u>
				<u>Omada Health, Inc.</u>
				<u>Cigna Ventures, LLC</u>
				<u>Cigna Health Management, Inc.</u> (EI# 23-1728483, DE)
				<u>Kronos Optimal Health Company</u>

## SCHEDULE Y

### PART 1 – ORGANIZATIONAL CHART

(20-8064696, AZ)
<u>*Life Insurance Company of North America</u> (EI# 23-1503749, NAIC # 65498, PA)
<u>*Cigna &amp; CMB Life Insurance Company Limited</u> (remaining interest owned by an unaffiliated party)  Cigna & CMB Health Services Company, Ltd.
<u>Cigna Direct Marketing Company, Inc.</u>
<u>Tel-Drug, Inc.</u>
<u>Cigna Global Wellbeing Holdings Limited</u>
<u>Cigna Global Wellbeing Solutions Limited</u> <u>Vielife Services, Inc.</u>
<u>CG Individual Tax Benefit Payments, Inc.</u>
<u>CG Life Pension Benefits Payments, Inc.</u>
<u>CG LINA Pension Benefits Payments, Inc.</u>
<u>Cigna Federal Benefits, Inc.</u>
<u>Cigna Healthcare Benefits, Inc.</u>
<u>Cigna Integratedcare, Inc.</u>
<u>Cigna Managed Care Benefits Company</u>
<u>Cigna Re Corporation</u>
<u>Blodget &amp; Hazard Limited</u>
<u>Cigna Resource Manager, Inc.</u>
<u>Connecticut General Benefit Payments, Inc.</u>
<u>Healthsource Benefits, Inc.</u>
<u>IHN, Inc.</u>
<u>LINA Benefit Payments, Inc.</u>
<u>Mediversal, Inc.</u>
<u>Universal Claims Administration</u>
<u>Brighter, Inc</u> <u>    Patient Provider Alliance, Inc</u>
<u>Cigna Global Holdings, Inc.</u>
<u>Cigna International Corporation, Inc.</u>
<u>Cigna International Services, Inc.</u>
<u>Cigna International Marketing (Thailand) Limited</u>
<u>CGO Participatos LTDA</u>
<u>YCFM Servicios LTDA</u>
<u>*Cigna Global Reinsurance Company, Ltd.</u>
<u>Cigna Holdings Overseas, Inc.</u>
<u>Cigna Bellevue Alpha LLC</u>
<u>Cigna Linden Holdings, Inc.</u>
<u>Cigna Laurel Holdings, Ltd.</u>
<u>Cigna Palmetto Holdings, Ltd.</u>
<u>Cigna Apac Holdings Limited</u>
<u>Cigna Alder Holdings, LLC</u>
<u>+Cigna Walnut Holdings, Ltd.</u>
<u>Cigna Chestnut Holdings, Ltd.</u>
<u>*LINA Life Insurance Company of Korea</u>
<u>Cigna International Services Australia Pty Ltd.</u>
<u>Cigna Hong Kong Holdings Company Limited</u>
<u>Cigna Data Services (Shanghai) Company Limited</u>
<u>Cigna HLA Technology Services Limited</u>
<u>*Cigna Worldwide General Insurance Company Limited</u>
<u>*Cigna Worldwide Life Insurance Company Limited</u>
<u>Cigna International Health Services Sdn Bhd.</u>
<u>*Cigna Life Insurance New Zealand Limited</u> <u>   Grown Ups New Zealand</u>



STATEMENT AS OF JUNE 30, 2018 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				Cigna Holdings, Inc.	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		82-4991898				HalfMoon Parent, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		82-5339235				HalfMoon I, Inc.	DE	NIA	HalfMoon Parent, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group						HalfMoon II, Inc.	DE	NIA	HalfMoon Parent, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		51-0402128				Cigna Intellectual Property, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1095823				Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		52-0291385				Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-1914061				Former Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-0861092				Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		01-0947889		0001489070		Cigna Benefits Financing, Inc.	DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		81-2760646				CareAllies, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-0840391				Connecticut General Corporation	CT	UIP	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		81-0585518				Benefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	12814	20-4433475				Allegiance Life & Health Insurance Company	MT	IA	Benefit Management Corp.	Ownership	94.000	Cigna Corporation	.N	
.0901	Cigna Group		20-3851464				Allegiance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		81-0400550				Allegiance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		71-0916514				Allegiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Community Health Network, LLC	MT	NIA	Benefit Management Corp.	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		81-0425785				Intermountain Underwriters, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Allegiance Care Management, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-1821898		0001339553		HealthSpring, Inc.	DE	UIP	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		76-0628370				NewQuest, LLC	TX	DDP	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		52-1929677				NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	10095	52-2259087				Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	11254	52-2363406				Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	12902	20-8534298				HealthSpring Life & Health Insurance Company, Inc.	TX	RE	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	11532	65-1129599				HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		77-0632665				NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-4954206				NewQuest Management of Florida, LLC	FL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-8647386				HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		45-0633893				NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		75-3108527				TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		75-3108521				HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		76-0657035				GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		33-1033586				NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		72-1559530				HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-5524622				Tennessee Quest, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		26-2353476				HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		26-2353772				HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-4266628				Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		35-2562415				Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	13733	03-0452349				Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		41-1648670				Cigna Behavioral Health, Inc.	MN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		94-3107309				Cigna Behavioral Health of California, Inc.	CA	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		75-2751090				Cigna Behavioral Health of Texas, Inc.	TX	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1346406				MCC Independent Practice Association of New York, Inc.	NY	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		59-2308055				Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		59-2600475				Cigna Dental Health Of California, Inc.	CA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	11175	59-2675861				Cigna Dental Health Of Colorado, Inc.	CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95380	59-2676987				Cigna Dental Health Of Delaware, Inc.	DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	

STATEMENT AS OF JUNE 30, 2018 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	52021	59-1611217				Cigna Dental Health Of Florida, Inc.	FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1351097				Cigna Dental Health of Illinois, Inc.	IL	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	52024	59-2625350				Cigna Dental Health Of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	52108	59-2619589				Cigna Dental Health Of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	11160	06-1582068				Cigna Dental Health Of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	11167	59-2308062				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				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				Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95037	59-2676977				Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	52617	52-2188914				Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	47013	86-0807222				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				Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		62-1312478				Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		02-0387748		0000855587		Healthsource, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95125	86-0334392				Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		95-3310115				Cigna HealthCare of California, Inc.	CA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95604	84-1004500				Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95680	06-1141174				Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95136	59-2089259				Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		01-0418220				Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		02-0402111				Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		52-1404350				Cigna HealthCare Mid-Atlantic, Inc.	MD	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-2301807				Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		62-1230908				Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Temple Insurance Company Limited	BMJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		86-3581583				Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		02-0467679				Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Managed Care Consultants, Inc.	NV	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		02-0515554				Cigna Benefit Technology Solutions, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		35-1641636				Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		84-0985843				Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		93-1174749				Great-West Healthcare of Illinois, Inc.	IL	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		02-0495422				Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	64548	13-2556568	3281743			Cigna Life Insurance Company of New York	NY	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	62308	06-0303370		0000023419		Connecticut General Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		45-3481107				CG Mystic Center LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		45-3481241				CG Mystic Land LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-3870049				CG Skyline, LLC	NJ	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		26-0180898				CareAllies, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	

STATEMENT AS OF JUNE 30, 2018 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		32-0222252				Cigna Onsite Health, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
.0901	Cigna Group		00-0000000				Gillette Ridge Community Council, Inc.	CT	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-3700105				Gillette Ridge Golf, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		52-2149519				Hazard Center Investment Company LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-3074013				TEL-DRUG of Pennsylvania, L.L.C.	PA	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
.0901	Cigna Group		00-0000000				GRG Acquisitions LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-5402196				Cigna Affiliates Realty Investment Group LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				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		00-0000000				ND/CR Longwood LLC	DE	NIA	CR Longwood Investors L.P.	Ownership	95.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				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		00-0000000				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		00-0000000				Transwestern Federal Holdings, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	7.616	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Transwestern Federal, L.L.C.	DE	NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Market Street Residential Holdings LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Arborpoint at Market Street LLC	DE	NIA	Market Street Residential Holdings LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Diamondview Tower CM-CG LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				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		00-0000000				Dulles Town Center Mall, LLC	VA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				ND/CR Unicorn LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	70.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				AMD Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				PUR Arbors Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				CG Seventh Street LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Ideal Properties II LLC	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.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				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	

STATEMENT AS OF JUNE 30, 2018 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		00-0000000				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	
.0901	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	
.0901	Cigna Group		00-0000000				Notch 8 Residential, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				UVL, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	71.400	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				3601 North Fairfax Drive Associates, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	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	
.0901	Cigna Group		30-0939067				Affiliated Hotel Subsidiary	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-2481274				CGGL 6280 LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	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	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		82-1280312				CG/Wood ALTA 601, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		82-4936006				CPI-CII 9171 Wilshire JV LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		82-4794800				9171 Wilshire CPI-CII LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		27-0268530				CORAC, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	50.000	Cigna Corporation	N	
.0901	Cigna Group		27-3582688				Henry on the Park Associates, LLC	DE	NIA	Corac, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group	67369	59-1031071				Cigna Health and Life Insurance Company	CT	IA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-2681649				CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-3396038				Cigna Corporate Services, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-1903785				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				Cigna National Health 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	

STATEMENT AS OF JUNE 30, 2018 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	65269	75-2305400				United Benefit Life Insurance Company	OH	IA	Provident American Life and Health 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		0001259055		Health-Lynx, LLC		NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		91-1500758				Sterling Life Insurance Company	IL	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		91-1500758				Olympic Health Management Systems, Inc.	IA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		91-1599329				Olympic Health Management Services, Inc.	IA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		88-0455414		0001462078		WorldDoc, Inc.	NV	NIA	Cigna Health and Life Insurance Company	Ownership	20.000	Cigna Corporation	N	
.0901	Cigna Group		45-2355015		0001611115		Omada Health, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	7.693	Cigna Corporation	N	
.0901	Cigna Group		23-1728483				Cigna Ventures, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-8064696				Cigna Health Management, Inc	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	65498	23-1503749		0000059361		Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Life Insurance Company of North America	PA	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna & CMB Life Insurance Company Limited	CHN	IA	Life Insurance Company of North America	Ownership	50.000	Cigna Corporation	Y	
.0901	Cigna Group		00-0000000				Cigna & CMB Health Services Company, Ltd.	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		58-1136865				Cigna Direct Marketing Company, Inc.	DE	NIA	Life Insurance Company of North America	Ownership	100.000	Cigna Corporation	Y	
.0901	Cigna Group		46-0427127				Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-0463704				Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1332403				CG Individual Tax Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1332405				CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		62-1724116				Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2741293				Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2924152				Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2741294				Cigna Managed Care Benefits Company	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1071502				Cigna RE Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1522976				Blodgett & Hazard Limited	GBR	NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1567902				Cigna Resource Manager, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1252419				Connecticut General Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1533555				Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		35-2041388				IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1252418				LINA Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		88-0334401				Mediversal, Inc.	NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		88-0344624				Universal Claims Administration	MT	NIA	Mediversal, Inc.	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	Brighter, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		51-0389196				Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		51-0111677				Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2610178				Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		30-3087621				Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				CGO PARTICIPATOS LTDA.	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				YCFM Servicios LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	56.020	Cigna Corporation	N	

STATEMENT AS OF JUNE 30, 2018 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	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		AA-3190987				Cigna Global Reinsurance Company, Ltd.	.BMU	.IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-3009279				Cigna Holdings Overseas, Inc.	.DE	.NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				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				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				Cigna Nederland Gamma B.V.	.NLD	.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				LINA Life Insurance Company of Korea	.KOR	.IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna International Services Australia Pty Ltd	.AUS	.NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Hong Kong Holdings Company Limited	.HKG	.NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				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				Cigna HLA Technology Services Limited	.HKG	.NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				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				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				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				Cigna Life Insurance New Zealand Limited	.NZL	.IA	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				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				RHP (Thailand) Limited	.THA	.NIA	Cigna Apac Holdings Limited	Ownership	49.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Brokerage & Marketing (Thailand) Limited	.THA	.NIA	RHP Thailand Limited	Ownership	75.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				KDM (Thailand) Limited	.THA	.NIA	RHP Thailand Limited	Ownership	99.900	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Insurance Public Company Limited	.THA	.IA	KDM Thailand Limited	Ownership	75.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				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				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				Cigna Europe Insurance Company S.A.-N.V.	.BEL	.IA	Cigna Beechwood Holdings	Ownership	99.999	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna European Services (UK) Limited	.GBR	.NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				CIGNA 2000 UK Pension LTD	.GBR	.NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Oak Holdings, Ltd.	.GBR	.NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Willow Holdings, Ltd.	.GBR	.NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				FirstAssist Administration Limited	.GBR	.NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Legal Protection U.K. Ltd.	.GBR	.NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Insurance Services (Europe) Limited	.GBR	.NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna International Health Services, BVBA	.BEL	.NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna International Health Services, LLC	.FL	.NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	.N	

STATEMENT AS OF JUNE 30, 2018 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	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/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	
.0901	Cigna Group						Cigna Cedar Holdings, Ltd.	.MLT	.NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	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.	.BMJ	.NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group						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				Cigna Nederland Alpha Cooperatief U.A.	.NLD	.NIA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Nederland Beta B.V.	.NLD	.NIA	Cigna Nederland Alpha Cooperatief U.A.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				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				PT GAR Indonesia	.IDN	.NIA	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				PT PGU Indonesia	.IDN	.NIA	PT GAR Indonesia	Ownership	99.990	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Global Insurance Company Limited	.GGY	.IA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				CignaTTK Health Insurance Company Limited	.IND	.IA	Cigna Holdings Overseas, Inc.	Ownership	49.000	TTK (non-affiliate)	.N	
.0901	Cigna Group	90859	23-2088429				Cigna Worldwide Insurance Company	.DE	.IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	.Y	
.0901	Cigna Group		AA-5360003				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

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....	YES
Explanation:	
Bar Code:	

**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 25

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Miscellaneous Receivable .....	120	0	120	0
2597. Summary of remaining write-ins for Line 25 from overflow page	120	0	120	0

Additional Write-ins for Statement of Revenue and Expenses Line 6

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
0604. Other Income .....	XXX	0	0	(1,880)
0697. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	(1,880)

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	632,113,936	581,450,358
2. Cost of bonds and stocks acquired .....	278,214,557	153,593,320
3. Accrual of discount .....	392,807	522,947
4. Unrealized valuation increase (decrease) .....	(453,865)	1,140,598
5. Total gain (loss) on disposals .....	(201,690)	(180,792)
6. Deduct consideration for bonds and stocks disposed of .....	61,165,644	100,415,259
7. Deduct amortization of premium .....	1,581,713	3,919,896
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		77,340
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	269,707	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	847,588,095	632,113,936
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	847,588,095	632,113,936

STATEMENT AS OF JUNE 30, 2018 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	363,801,894	1,067,563,571	793,115,370	(12,940,671)	363,801,894	625,309,424	0	473,448,679
2. NAIC 2 (a) .....	522,061,651	11,435,344	24,785,548	14,890,611	522,061,651	523,602,058	0	374,624,950
3. NAIC 3 (a) .....	26,315,188	0	0	(3,793,761)	26,315,188	22,521,427	0	21,207,298
4. NAIC 4 (a) .....	3,932,844	0	0	1,625,031	3,932,844	5,557,875	0	3,868,078
5. NAIC 5 (a) .....	0				0	0		
6. NAIC 6 (a) .....	3,250				3,250	3,250		3,250
7. Total Bonds	916,114,827	1,078,998,915	817,900,918	(218,790)	916,114,827	1,176,994,034	0	873,152,255
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0				0	0		0
9. NAIC 2 .....	0				0	0		0
10. NAIC 3 .....	0				0	0		0
11. NAIC 4 .....	0				0	0		0
12. NAIC 5 .....	0				0	0		0
13. NAIC 6 .....	0				0	0		0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	916,114,827	1,078,998,915	817,900,918	(218,790)	916,114,827	1,176,994,034	0	873,152,255

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

NAIC 1 \$ 329,405,943 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Purchase Value	3 Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals					

**NONE**

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	29,578,365	28,990,960
2. Cost of short-term investments acquired .....	50,074,996	569,856,041
3. Accrual of discount .....	2	14
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....	(1)	0
6. Deduct consideration received on disposals .....	79,653,362	569,268,650
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	0	29,578,365
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11)	0	29,578,365

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

**NONE**

Schedule DB - Part B - Verification - Futures Contracts

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	211,459,956	127,040,117
2. Cost of cash equivalents acquired .....	1,899,836,328	3,325,490,904
3. Accrual of discount .....	1,097,509	1,444,634
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....	910	(8,580)
6. Deduct consideration received on disposals .....	1,782,988,761	3,242,507,119
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	329,405,942	211,459,956
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11)	329,405,942	211,459,956

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

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

STATEMENT AS OF JUNE 30, 2018 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SCHEDULE D - PART 3**

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
023135-BC-9	AMAZON.COM INC SERIES W1 3.150% 08/22/27		.06/06/2018	Tax Free Exchange		6,426,534	6,500,000	59,150	1FE
084659-AM-3	BERKSHIRE HATHAWAY ENERG 3.250% 04/15/28		.05/02/2018	Tax Free Exchange		955,486	1,000,000	1,535	1FE
25470D-BD-0	DISCOVERY COMMUNICATIONS SERIES 144A 3.950% 06/15/25		.04/02/2018	Taxable Exchange		3,947,708	4,000,000	39,939	2FE
278865-BD-1	ECOLAB INC SERIES W1 3.250% 12/01/27		.04/17/2018	Tax Free Exchange		5,982,167	6,000,000	75,833	2FE
446413-AL-0	HUNTINGTON INGALLS INDUS 3.483% 12/01/27		.06/14/2018	Tax Free Exchange		7,487,636	7,712,000	9,700	2FE
465685-AP-0	ITC HOLDINGS CORP SERIES W1 3.350% 11/15/27		.06/18/2018	Tax Free Exchange		3,853,394	4,000,000	12,283	1FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						28,652,925	29,212,000	198,440	XXX
8399997. Total - Bonds - Part 3						28,652,925	29,212,000	198,440	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						28,652,925	29,212,000	198,440	XXX
8999997. Total - Preferred Stocks - Part 3						0	XXX	0	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	XXX
9799997. Total - Common Stocks - Part 3						0	XXX	0	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	XXX
9999999 - Totals						28,652,925	XXX	198,440	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....

E04

STATEMENT AS OF JUNE 30, 2018 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SCHEDULE D - PART 4**

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)	
36230R-V7-8	GNMA POOL 756938 4.000% 11/15/40		06/01/2018	Paydown		3,370	3,370	3,499	3,491	.0	(121)	.0	(121)	.0	3,370	.0	.0	.0	45	11/15/2040	1	
362950-LB-4	GNMA POOL 677222 5.500% 08/15/38		06/01/2018	Paydown		286	286	296	296	.0	(10)	.0	(10)	.0	286	.0	.0	.0	5	08/15/2038	1	
38374M-X5-3	GNR SERIES 2006-17 CLASS KN 5.750% 04/20/36		06/01/2018	Paydown		2,736	2,736	2,912	2,878	.0	(142)	.0	(142)	.0	2,736	.0	.0	.0	40	04/20/2036	1	
0599999	Subtotal - Bonds - U.S. Governments					6,392	6,392	6,707	6,665	0	(273)	0	(273)	0	6,392	0	0	0	90	XXX	XXX	
3128CU-WV-5	FHLMC POOL G30372 5.000% 09/01/27		06/01/2018	Paydown		1,185	1,185	1,253	1,237	.0	(51)	.0	(51)	.0	1,185	.0	.0	.0	13	09/01/2027	1	
3128M6-M8-8	FHLMC POOL G04583 6.000% 08/01/38		06/01/2018	Paydown		199	199	214	213	.0	(14)	.0	(14)	.0	199	.0	.0	.0	3	08/01/2038	1	
3128MB-K7-1	FHLMC POOL G12818 6.000% 10/01/22		06/01/2018	Paydown		188	188	191	189	.0	(1)	.0	(1)	.0	188	.0	.0	.0	3	10/01/2022	1	
3128MB-KM-8	FHLMC POOL G12800 5.000% 12/01/21		06/01/2018	Paydown		393	393	385	389	.0	4	.0	4	.0	393	.0	.0	.0	5	12/01/2021	1	
3128MM-GP-2	FHLMC POOL G18205 6.000% 09/01/22		06/01/2018	Paydown		212	212	213	213	.0	(1)	.0	(1)	.0	212	.0	.0	.0	4	09/01/2022	1	
31333H-S0-1	FHLMC POOL C90844 4.500% 08/01/24		06/01/2018	Paydown		3,026	3,026	3,138	3,095	.0	(69)	.0	(69)	.0	3,026	.0	.0	.0	30	08/01/2024	1	
31371N-SN-6	FNMA POOL 257125 5.500% 03/01/28		06/01/2018	Paydown		2,162	2,162	2,332	2,291	.0	(129)	.0	(129)	.0	2,162	.0	.0	.0	28	03/01/2028	1	
3137A1-DM-2	FHR SERIES 3707 CLASS CA 5.000% 07/15/40		06/01/2018	Paydown		543	543	584	565	.0	(22)	.0	(22)	.0	543	.0	.0	.0	7	07/15/2040	1	
31394P-PQ-0	FSPC SERIES T-59 CLASS 1A1 6.500% 10/25/43		06/01/2018	Paydown		435	435	442	441	.0	(6)	.0	(6)	.0	435	.0	.0	.0	7	10/25/2043	1	
31395M-NJ-2	FHR SERIES 3002 CLASS YD 4.500% 07/15/25		06/01/2018	Paydown		2,043	2,043	2,136	2,099	.0	(56)	.0	(56)	.0	2,043	.0	.0	.0	23	07/15/2025	1	
31397B-BR-7	FHR SERIES 3211 CLASS MH 5.000% 09/15/26		06/01/2018	Paydown		4,407	4,407	4,706	4,621	.0	(213)	.0	(213)	.0	4,407	.0	.0	.0	57	09/15/2026	1	
31398M-ZJ-8	FNR SERIES 2010-23 CLASS AB 2.000% 12/25/18		06/01/2018	Paydown		384	384	383	383	.0	1	.0	1	.0	384	.0	.0	.0	2	12/25/2018	1	
31398M-ZY-5	FNR SERIES 2010-23 CLASS HA 2.000% 10/25/18		06/01/2018	Paydown		1,540	1,540	1,529	1,537	.0	3	.0	3	.0	1,540	.0	.0	.0	8	10/25/2018	1	
31398S-OH-4	FNR SERIES 2010-122 CLASS AC 3.500% 08/25/22		06/01/2018	Paydown		9,404	9,404	9,959	9,690	.0	(287)	.0	(287)	.0	9,404	.0	.0	.0	108	08/25/2022	1	
31398M-LZ-5	FHR SERIES 3636 CLASS EB 2.000% 11/15/18		06/01/2018	Paydown		430	430	430	430	.0	0	.0	0	.0	430	.0	.0	.0	2	11/15/2018	1	
31402R-RN-1	FNMA POOL 735893 5.000% 10/01/35		06/01/2018	Paydown		10,781	10,781	11,500	11,437	.0	(656)	.0	(656)	.0	10,781	.0	.0	.0	187	10/01/2035	1	
31408G-F3-6	FNMA POOL 850786 5.500% 01/01/21		06/01/2018	Paydown		325	325	324	324	.0	1	.0	1	.0	325	.0	.0	.0	4	01/01/2021	1	
31409A-DR-7	FNMA POOL 865112 5.500% 01/01/21		06/01/2018	Paydown		315	315	314	314	.0	1	.0	1	.0	315	.0	.0	.0	4	01/01/2021	1	
31413K-AH-4	FNMA POOL 947408 6.000% 10/01/22		06/01/2018	Paydown		318	318	322	319	.0	(1)	.0	(1)	.0	318	.0	.0	.0	5	10/01/2022	1	
31417Y-DV-6	FNMA POOL MA0115 4.500% 07/01/29		06/01/2018	Paydown		3,156	3,156	3,329	3,294	.0	(138)	.0	(138)	.0	3,156	.0	.0	.0	34	07/01/2029	1	
31417Y-RC-3	FNMA POOL MA0482 4.000% 08/01/25		06/01/2018	Paydown		1,293	1,293	1,358	1,340	.0	(47)	.0	(47)	.0	1,293	.0	.0	.0	13	08/01/2025	1	
485429-LF-9	KANSAS ST DEV FIN AUTH REV SERIES 2011-K 5.000% 12/01/18		06/01/2018	Redemption	100.0000	370,000	370,000	441,525	378,785	.0	(8,785)	.0	(8,785)	.0	370,000	.0	.0	.0	4,625	12/01/2018	1FE	
3199999	Subtotal - Bonds - U.S. Special Revenues					412,739	412,739	486,569	423,206	0	(10,466)	0	(10,466)	0	412,739	0	0	0	5,172	XXX	XXX	
023135-BA-3	AMAZON.COM INC SERIES 144A 3.150% 08/22/27		06/06/2018	Tax Free Exchange Redemption	100.0000	6,426,534	6,500,000	6,424,115	1,977,915	.0	2,184	.0	2,184	.0	6,426,534	.0	.0	.0	130,025	08/22/2027	1FE	
042498-AD-3	ARMY AND AIR FORCE EXCHANGE SENIOR NOTES 4.950% 10/15/24		06/15/2018	Redemption		171,518	171,518	191,324	184,292	.0	(12,775)	.0	(12,775)	.0	171,518	.0	.0	.0	2,549	10/15/2024	1	
067316-AB-5	BACARDI LTD SERIES 144A 8.200% 04/01/19		05/21/2018	Call	104.5801	3,503,434	3,350,000	4,152,953	3,519,950	.0	(38,417)	.0	(38,417)	.0	3,481,533	.0	(131,533)	(131,533)	328,937	04/01/2019	2FE	
067383-AE-9	CR BARD INC 3.000% 05/15/26		06/25/2018	Call	100.0000	2,000,000	2,000,000	1,989,540	1,991,025	.0	429	.0	429	.0	1,991,453	.0	8,547	(8,547)	36,667	05/15/2026	1Z	
084659-AL-5	BERKSHIRE HATHAWAY ENERGY SERIES 144A 3.250% 04/15/28		05/02/2018	Tax Free Exchange		955,486	1,000,000	955,100	.0	.0	386	.0	386	.0	955,486	.0	.0	.0	10,563	04/15/2028	1FE	
278865-BB-5	ECOLAB INC SERIES 144A 3.250% 12/01/27		04/17/2018	Tax Free Exchange Redemption	100.0000	5,982,167	6,000,000	5,981,700	5,981,815	.0	352	.0	352	.0	5,982,167	.0	.0	.0	75,833	12/01/2027	2FE	
29481#-AC-7	ERGON INC. 5.500% 05/20/18		05/20/2018	Redemption		311,700	311,700	343,157	314,654	.0	(2,954)	.0	(2,954)	.0	311,700	.0	.0	.0	8,572	05/20/2018	1FE	
446413-AK-2	HUNTINGTON INGALLS INDUS SERIES 144A 3.483% 12/01/27		06/14/2018	Tax Free Exchange		7,487,636	7,712,000	7,481,566	2,906,570	.0	6,071	.0	6,071	.0	7,487,636	.0	.0	.0	144,004	12/01/2027	2FE	
465685-AN-5	ITC HOLDINGS CORP SERIES 144A 3.350% 11/15/27		06/18/2018	Tax Free Exchange		3,853,394	4,000,000	3,850,160	.0	.0	3,234	.0	3,234	.0	3,853,394	.0	.0	.0	79,656	11/15/2027	2FE	
811065-AG-6	SCRIPPS NETWORKS 3.950% 06/15/25		04/02/2018	Taxable Exchange Redemption	100.0000	3,947,708	4,000,000	3,975,070	3,980,477	.0	340	.0	340	.0	3,980,818	.0	(33,110)	(33,110)	43,939	06/15/2025	2FE	
92966*-AG-4	WABASH VALLEY POWER ASSOC 6.140% 01/31/28		04/30/2018	Redemption		17,773	17,773	22,140	20,783	.0	(3,010)	.0	(3,010)	.0	17,773	.0	.0	.0	273	01/31/2028	1	
03920#-AD-1	FONTEPRA CO-OPERATIVE GROUP LT SERIES B 5.750% 05/29/18	C	05/29/2018	Maturity		11,400,000	11,400,000	12,486,686	11,493,337	.0	(93,337)	.0	(93,337)	.0	11,400,000	.0	.0	.0	327,750	05/29/2018	1	
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					46,057,350	46,462,991	47,853,511	32,370,818	0	(137,497)	0	(137,497)	0	46,060,012	0	(156,096)	(156,096)	1,188,768	XXX	XXX	
8399997	Total - Bonds - Part 4					46,476,481	46,882,122	48,346,787	32,800,689	0	(148,236)	0	(148,236)	0	46,479,143	0	(156,096)	(156,096)	1,194,030	XXX	XXX	
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

E05

STATEMENT AS OF JUNE 30, 2018 OF THE HealthSpring Life & Health Insurance Company, Inc.

**SCHEDULE D - PART 4**

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Ident-ification	Description	For-foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid-eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor-tization)/ Accretion	Other Than Temporary Impairment Recog-nized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con-tractual Maturity Date	NAIC Design-ation or Market In-dicator (a)
8399999. Total - Bonds						46,476,481	46,882,122	48,346,787	32,800,689	0	(148,236)	0	(148,236)	0	46,479,143	0	(156,096)	(156,096)	1,194,030	XXX	XXX
8999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999 - Totals						46,476,481	XXX	48,346,787	32,800,689	0	(148,236)	0	(148,236)	0	46,479,143	0	(156,096)	(156,096)	1,194,030	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**NONE**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**NONE**







SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2018 OF THE HealthSpring Life & Health Insurance Company, Inc.

## MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0901

NAIC Company Code 12902

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected .....		XXX		XXX	0
2. Earned Premiums .....		XXX		XXX	XXX
3. Claims Paid .....	132,991	XXX		XXX	132,991
4. Claims Incurred .....	955	XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a) .....	XXX		XXX		0
6. Aggregate Policy Reserves - Change .....		XXX		XXX	XXX
7. Expenses Paid .....	18,599	XXX		XXX	18,599
8. Expenses Incurred .....	125	XXX		XXX	XXX
9. Underwriting Gain or Loss .....	(1,080)	XXX	0	XXX	XXX
10. Cash Flow Result .....	XXX	XXX	XXX	XXX	(151,590)

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ ..... due from CMS or \$ .....277 due to CMS